

** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047
2020

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

and ending A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change POPULATION CONNECTION Name change 94-1703155 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ (202)332-22002120 L STREET, NW 500 termin-ated 20,279,805. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return WASHINGTON, DC 20037-1534 H(a) Is this a group return Applica-F Name and address of principal officer: JOHN SEAGER Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.POPULATIONCONNECTION.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 1968 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1. Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) <u>13</u> Number of independent voting members of the governing body (Part VI, line 1b) <u>45</u> 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 8,027,329. 10,378,424. Contributions and grants (Part VIII, line 1h) Revenue 7,921. 6,820. Program service revenue (Part VIII, line 2g) 488,146. 538,855. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 73,534. 37.789. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,912,280. 8,646,538. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 95,201 2,228,924. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 3,971,087. 3,710,013. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 156,000. 156,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) **\rightarrow** 1, 282, 587. 3,379,173. 4,483,717 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,706,005. 9,474,110. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -827,572.2,206,275 Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 23,042,457. 23,673,908. 20 Total assets (Part X, line 16) 2,627,247. 2,660,446. 21 Total liabilities (Part X, line 26) Net/ 20,415,210. 21,013,462. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Deslaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 7/16/21 Signature of officer Sign ZOMN SEAGER PRESIDENT & CEO Here Type or print name and title Date PTIN Print/Type preparer's name /Prépare/r's signature 07/16/2021 Kelland RICHARD J. LOCASTRO, CPA/ P00288314 Paid Firm's name GELMAN, ROSENBERG & FREEDMAN Firm's EIN **52-1392008** Preparer Firm's address $\sqrt{4550}$ MONTGOMERY AVE SUITE 800N Use Only BETHESDA, MD 20814-2930 Phone no. (301) 951-9090 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Form	990 (2020) POPULATION CONNECTION	94-1703155	Page 2
Par		71 1,00100	r age z
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	OVERPOPULATION THREATENS THE QUALITY OF LIFE FOR PEOPLE		
	POPULATION CONNECTION IS THE NATIONAL GRASSROOTS POPULATORGANIZATION THAT EDUCATES YOUNG PEOPLE AND ADVOCATES PE		
	ACTION TO STABILIZE WORLD POPULATION AT A LEVEL THAT CAN		TD CT
2	Did the organization undertake any significant program services during the year which were not listed on the	DE SUSTAIN	ענו
2	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	$Describe\ the\ organization's\ program\ service\ accomplishments\ for\ each\ of\ its\ three\ largest\ program\ services,\ as$	measured by expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,004,100. including grants of \$ 489,584.) (Revenue COMMUNICATIONS: TO KEEP POPULATION CONNECTION MEMBERS AN		<u> </u>
	FEDERAL DECISIONMAKERS, AND JOURNALISTS UP-TO-DATE ON U.		
	POPULATION ISSUES. 2020 HIGHLIGHTS INCLUDE: POPULATION O		
	PUBLISHED FOUR ISSUES OF POPULATION CONNECTION MAGAZINE,		A
	CIRCULATION OF APPROXIMATELY 66,000; HARD COPIES ARE REC	EIVED BY	
	POPULATION CONNECTION MEMBERS, EVERY MEMBER OF CONGRESS		
	PUBLIC AND UNIVERSITY LIBRARIES. OUR STAFF PUBLISHED 28		
	THE POPULATION CONNECTION WEBSITE, RANGING IN TOPIC FROM		ANGE
	TO PANDEMICS TO HEALTH INSURANCE COVERAGE OF CONTRACEPTI		
	RESPONDED TO HUNDREDS OF INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATION REQUESTS FROM STUDE AND MEMBERS OF THE GENERAL PUBLIC P		
	FOR PEOPLE WRITING ACADEMIC PAPERS, DEVELOPING PRESENTAT		
4b	(Code:) (Expenses \$ 1,787,177 · including grants of \$ 1,602,942 ·) (Revenue		
7.5	FIELD AND OUTREACH: TO ASSIST POPULATION CONNECTION ACTI		·
	NATIONWIDE IN BUILDING AND SUSTAINING STATE AND LOCAL EI	UCATIONAL,	
	MEDIA AND LOBBYING EFFORTS ON BEHALF OF POPULATION CONNE		
	ORGANIZING AND PROVIDING TRAINING, TECHNICAL ASSISTANCE		
	REPRESENT POPULATION CONNECTION IN COALITIONS FOCUSED ON		
	ACTION AND AT PUBLIC PRESENTATIONS AND EXHIBITIONS AS NEHIGHLIGHTS INCLUDE:	EDED. 2020	
	HIGHLIGHTS INCLUDE:		
	GREW OUR #FIGHT4HER CAMPAIGN SIGNIFICANTLY THROUGH GRASS	ROOTS	
	ORGANIZING AND ACTION IN 8 STATES ACROSS THE COUNTRY. ON		ı
	THREE YEARS WE HAVE ENGAGED OVER 60,000 INDIVIDUALS. AFT		
	SWITCH TO ALL VIRTUAL ORGANIZING, DUE TO THE COVID-19 PA	ANDEMIC, WE	
4c	(Code:) (Expenses \$ 1,771,435. including grants of \$ 71,292.) (Revenue	e\$ 3,	360.
	POPULATION EDUCATION: TO PROMOTE POPULATION LITERACY AMO	ONG AMERICAN	
	YOUTH BY (1) PROVIDING EDUCATORS WITH TEACHING RESOURCES		
	-DROBBSS LONAL DBVBLODMBNIT WORKSHODS I'O HBLD I'HBM FFFFCTTT	/H:I.V ('()\/H'R	

4c (Code:) (Expenses \$ 1,771,435. including grants of \$ 71,292.) (Revenue \$ 3,360. POPULATION EDUCATION: TO PROMOTE POPULATION LITERACY AMONG AMERICAN YOUTH BY (1) PROVIDING EDUCATORS WITH TEACHING RESOURCES AND PROFESSIONAL DEVELOPMENT WORKSHOPS TO HELP THEM EFFECTIVELY COVER POPULATION DYNAMICS AND THEIR IMPACTS IN K-12 CLASSROOMS; AND (2) PREPARING EDUCATORS TO OFFER TRAINING TO OTHER TEACHERS THROUGH THE POPULATION EDUCATION TRAINING NETWORK (PETNET). FINALLY, TO PROVIDE FOLLOW-UP ASSISTANCE AND INFORMATION ENABLING FORMER TRAINEES TO APPLY THEIR TRAINING MOST EFFECTIVELY.

2020 HIGHLIGHTS INCLUDE:

- STAFF OR VOLUNTEER TEACHER TRAINERS CONDUCTED 561 POP-ED WORKSHOPS (BOTH IN-PERSON AND VIRTUAL) FOR EDUCATORS IN 45 STATES AND D.C.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,949,663 • including grants of \$

65,106.) (Revenue \$

10,125.)

4e Total program service expenses ► 7,512,375.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		. v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		 -
Ī	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	3 3 3 7			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-	х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Δ.	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
	complete Schedule G, Part III	19		х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 00		
J-7	Part V, line 1	34	х	
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	000	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			١
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
6a	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
_	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a		
b 10	, , , , , , , , , , , , , , , , , , , ,	9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	44		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	ıə		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2020

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights more premibers of the governing body, or five governing body deligated triand authority to a exacutive committee or similar committies, explain on Schedule 0. b Enter the number of voting members included on line 1s, a above, who are independent 1st 13 b Enter the number of voting members included on line 1s, a above, who are independent 1st 13 c Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, director, trustee, or key employee to a management company or other person? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management company or other person? 3 Did the organization make any supplicant changes to its governing documents since the prof form 990 was filed? 4 Did the organization base were during the year of a significant diversion of the organization assest? 5 Did the organization have members, stockholiders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did were any governance decisions of the organization reserved to for subject to approval byly members, stockholders, or persons other than the governing body? 5 Did were any governance decisions of the organization reserved to for subject to approval byly members, stockholders, or persons other than the governing body? 5 Did the organization and authority to act on behalf of the governing body? 6 Did the organization and authority to act on behalf of the governing body? 6 Sa N Sa							Λ
the transmit differences in voting members of the governing body, of the nord of the tax year If there are material differences in voting tights among members of the governing body, or If the governing body of the governing body of the governing body or If the governing body? If the organization body or If the governing body or If the governing body or If the governing body? If the governing bod	Sec	tion A. Governing Body and Management					
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a X 16b V Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A; fi applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► 10 JOHN SEAGER - (202) 332-2200					122	х	
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in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► JOHN SEAGER - (202)332-2200				··· ⊦	120		
13	·				120	х	
14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 15a X 15a X 16a X 16a X 16b X 16a X 16b X 16a X 16b X 16c X 16b X 16c X 1	12			··· ⊢			
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If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X	h						
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b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JOHN SEAGER - (202)332-2200	·va				162		Х
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► JOHN SEAGER - (202) 332-2200	h	, , ,		···	.ua		
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Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► JOHN SEAGER - (202) 332-2200			inzation 3		16h		
 List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Sec	9			.55		
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for public inspection. Indicate how you made these available. Check all that apply. X Own website				c)(3)s	only) avail	able
X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► JOHN SEAGER - (202)332-2200			(,,,,,,,		,	
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statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records JOHN SEAGER - (202)332-2200	19			and	finar	ncial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records ► JOHN SEAGER - (202)332-2200				, a. iu	αι		
JOHN SEAGER - (202)332-2200	20		ooks and records				
			37				

032006 12-23-20 Form **990** (2020)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

org (1) JOHN SEAGER PRESIDENT & CEO (2) PAMELA WASSERMAN SENIOR VP FOR EDUCATION (3) BRIAN DIXON SR. VP FOR MEDIA & GOV. RELATIONS (4) MARIA OROZCO VP OF ADMIN. & MEMB. SVCS. /CFO (5) SHAUNA SCHERER VP FOR MARKETING & DEVELOPMENT	nours per	officer and a director/tructee)					n an	Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
PRESIDENT & CEO (2) PAMELA WASSERMAN SENIOR VP FOR EDUCATION (3) BRIAN DIXON SR. VP FOR MEDIA & GOV. RELATIONS (4) MARIA OROZCO VP OF ADMIN. & MEMB. SVCS. /CFO (5) SHAUNA SCHERER VP FOR MARKETING & DEVELOPMENT (6) MARIAN STARKEY VP FOR COMMUNICATIONS (7) ESTELLE RABONI CHAIR (8) DARA PURVIS	week (list any hours for related ganizations below line)	stee or director	Institutional trustee	Officer p		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(2) PAMELA WASSERMAN SENIOR VP FOR EDUCATION (3) BRIAN DIXON SR. VP FOR MEDIA & GOV. RELATIONS (4) MARIA OROZCO VP OF ADMIN. & MEMB. SVCS. /CFO (5) SHAUNA SCHERER VP FOR MARKETING & DEVELOPMENT (6) MARIAN STARKEY VP FOR COMMUNICATIONS (7) ESTELLE RABONI CHAIR (8) DARA PURVIS	31.88			х				240,222.	0.	32,324.		
SENIOR VP FOR EDUCATION (3) BRIAN DIXON SR. VP FOR MEDIA & GOV. RELATIONS (4) MARIA OROZCO VP OF ADMIN. & MEMB. SVCS. /CFO (5) SHAUNA SCHERER VP FOR MARKETING & DEVELOPMENT (6) MARIAN STARKEY VP FOR COMMUNICATIONS (7) ESTELLE RABONI CHAIR (8) DARA PURVIS	37.50		-	21				240,222.	•	32,324.		
SR. VP FOR MEDIA & GOV. RELATIONS (4) MARIA OROZCO VP OF ADMIN. & MEMB. SVCS. /CFO (5) SHAUNA SCHERER VP FOR MARKETING & DEVELOPMENT (6) MARIAN STARKEY VP FOR COMMUNICATIONS (7) ESTELLE RABONI CHAIR (8) DARA PURVIS	0.00					х		189,151.	0.	28,873.		
SR. VP FOR MEDIA & GOV. RELATIONS (4) MARIA OROZCO VP OF ADMIN. & MEMB. SVCS. /CFO (5) SHAUNA SCHERER VP FOR MARKETING & DEVELOPMENT (6) MARIAN STARKEY VP FOR COMMUNICATIONS (7) ESTELLE RABONI CHAIR (8) DARA PURVIS	15.75									•		
VP OF ADMIN. & MEMB. SVCS. /CFO (5) SHAUNA SCHERER VP FOR MARKETING & DEVELOPMENT (6) MARIAN STARKEY VP FOR COMMUNICATIONS (7) ESTELLE RABONI CHAIR (8) DARA PURVIS	21.75					х		187,664.	0.	19,473.		
(5) SHAUNA SCHERER VP FOR MARKETING & DEVELOPMENT (6) MARIAN STARKEY VP FOR COMMUNICATIONS (7) ESTELLE RABONI CHAIR (8) DARA PURVIS	32.27											
VP FOR MARKETING & DEVELOPMENT (6) MARIAN STARKEY VP FOR COMMUNICATIONS (7) ESTELLE RABONI CHAIR (8) DARA PURVIS	5.23					Х		164,966.	0.	27,009.		
(6) MARIAN STARKEY VP FOR COMMUNICATIONS (7) ESTELLE RABONI CHAIR (8) DARA PURVIS	33.60											
VP FOR COMMUNICATIONS (7) ESTELLE RABONI CHAIR (8) DARA PURVIS	3.90					Х		163,518.	0.	27,134.		
(7) ESTELLE RABONI CHAIR (8) DARA PURVIS	27.79								_			
CHAIR (8) DARA PURVIS	9.71					Х		143,724.	0.	20,536.		
(8) DARA PURVIS	2.00							_	_	_		
		Х		Х				0.	0.	0.		
VICE CHAIR	2.00							_	_	_		
		Х		Х				0.	0.	0.		
(9) TOM SAWYER	2.00								•	•		
TREASURER (UNTIL 2/2020)		Х	Ш	Х				0.	0.	0.		
(10) BOB PETTAPIECE	2.00	,,		7.				ا م	0	•		
TREASURER (FROM 2/2020)	2.00	Х	-	Х				0.	0.	0.		
(11) BRYCE HACH		х		х				0.	0.	0.		
SECRETARY (12) RODRIGO BARILLAS	2.00	^	-	Δ		-		0.	0.	0.		
BOARD MEMBER		х						0.	0.	0.		
(13) KEVIN WHALEY	2.00		\vdash					•		•		
BOARD MEMBER		х						0.	0.	0.		
(14) AMY DICKSON	2.00											
BOARD MEMBER		х						0.	0.	0.		
(15) KATIE FERMAN	2.00											
BOARD MEMBER	0.00	Х						0.	0.	0.		
(16) MARK HATHAWAY	2.00											
BOARD MEMBER	0.00	Х						0.	0.	0.		
(17) AARON S. ALLEN	2.00											
BOARD MEMBER	0.00	Х						0.	0.	0 • Form 990 (2020)		

Section A. Officers, Directors, Trus						ighe	st C	1					
(A) (B)			(C) Position					(D)	(E)			(F)	
Name and title	Average hours per		(do not check more than or box, unless person is both			than		Reportable	Reportable			stimate	
	week					is bot or/trus		compensation	compensation			nount other	ot
	(list any	io.						from the	from related organizations	1		pensa	tion
	hours for	Individual trustee or director				P		organization	(W-2/1099-MIS			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** = /* *******************************	,		anizat	
	organizations	trust	ıal tru		yee	ompe					and	d relat	ed
	below	/id ua	Institutional trustee	ie.	Key employee	Highest compensated employee	ner				orga	anizati	ons
	line)	Indi	Insti	Officer	Key	High emp	Former						
(18) ANDREEA CREANGA	2.00	ļ											_
BOARD MEMBER	0.00	X						0.		0.			0.
(19) PADGETT KELLY	2.00	١								ا ۱			^
BOARD MEMBER	0.00	X				_		0.		0.			0.
(20) NEJLA LIIAS	2.00	١,,											^
BOARD MEMBER (UNTIL 1/2020)	0.00	X				_		0.		0.			0.
(21) MARY BETH WEINBERGER	2.00	₩.						0.		0.			0.
BOARD MEMBER	0.00	^				_		0.		- ' 			<u> </u>
		-											
										-+			
		1											
-										-			
		1											
										\neg			
		1											
1b Subtotal								1,089,245.		0.	15	5,3	
c Total from continuation sheets to Part VI	II, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)								1,089,245.		0.	15	5,3	<u>49.</u>
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	0,000 of reportable	е			
compensation from the organization													13
										г		Yes	No
3 Did the organization list any former officer,	,	,	,		,	,	_	, , ,	,				37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su			-					<u>-</u>	the organization			77	
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a											_		Х
rendered to the organization? If "Yes," com	piete Scheaui	e J i	or s	ucn	pers	son .					5		
Complete this table for your five highest co	mneneated in	dan	ando	nt c	ont	racto	ore t	that received more than	\$100,000 of com		ation f	from	
the organization. Report compensation for										helise	aciOII I	TOIT	
(A)	January	Jui	J. 101	<u>y</u> v		J. VV	1	(B)			(C)		
Name and business	address							Description of s	services	Co		nsatio	n
							-						

(A) Name and business address	(B) Description of services	(C) Compensation
LEWIS DIRECT		
325 EAST OLIVER STREET, BALTIMORE, MD 21202	PRINTING	239,625.
LAUTMAN MASKA NEILL & CO, 1730 RHODE		
ISLAND AVE NW SUITE 301, WASHINGTON, DC	CONSULTING	194,000.
DEMBO JONES, 6116 EXECUTIVE BLVD SUITE		
500, NORTH BETHESDA, MD 20852	ACCOUNTING	174,842.
JAPS OLSEN COMPANY, 7500 EXCELSIOR BLVD,		
ST. LOUIS PARK, MN 55426	PRINTING	163,549.
RWT PRODUCATION		
8932 ORANGE HUND LANE, ANNANDALE, VA 22003	PRINTING	160,709.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization > 6		

Form **990** (2020)

Form 990 (2020) POPULAT
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
		Check if Schedule O contains a respons	se of flote to arry iii i	(A)	(B)	(C)	l (D)
				Total revenue	Related or exempt		Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
S S							360110113 3 12 - 3 14
ant		a Federated campaigns 1a					
흥절		Membership dues 1b	731,497.				
ts,	C	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	C	d Related organizations1d					
ıs,	e	Government grants (contributions)					
i Si	f	All other contributions, gifts, grants, and					
la par		similar amounts not included above 1f	7,295,832.				
d of	ç	Noncash contributions included in lines 1a-1f 1g \$	357,619.				
a C	r	Total. Add lines 1a-1f		8,027,329.			
			Business Code				
ø.	2 8	HONORARIUM	900099	3,460.	3,460.		
Program Service Revenue	- k	COURSE TUITION	900099	3,360.	3,360.		
Sel		•	-	,	,		
E Š	,		-				
Peg	6		-				
Pro		All other program service revenue	-				
		Total. Add lines 2a-2f		6,820.			
-	3	Investment income (including dividends, into		5,020.			
	3	•		479,243.			479,243.
		other similar amounts)		477,245.			475,245.
	4	Income from investment of tax-exempt bond	· .	20 560			20 560
	5	Royalties(i) Real		20,569.			20,569.
	_		(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	``'				
		assets other than inventory 7a 11,692,87	9.				
	k	Less: cost or other basis					
ne		and sales expenses	3. 1,764.				
Revenue	c	Gain or (loss) 7c 61,37	61,764.				
Be	c	Net gain or (loss)	>	59,612.			59,612.
her	8 8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	Ba				
	k		Bb				
		Net income or (loss) from fundraising events	·				
		Gross income from gaming activities. See					
			oa				
	ŀ		9b				
			····				
		a Gross sales of inventory, less returns					
		• • • • • • • • • • • • • • • • • • • •	0a 6,665.				
			0b 0.				
		-	-	6,665.	6,665.		
_		Net income or (loss) from sales of inventory	Business Code	0,005.	0,005.		
Sn(44 -	MISCELLANEOUS	900099	46,300.			46,300.
ine a			300033	40,300.			40,300.
Miscellaneous Revenue	t		-				
Sce	•		-				
Ξ		All other revenue		46 200			
		Total Add lines 11a-11d	P	46,300. 8,646,538.	12 405	0.	605 704
	12	Total revenue. See instructions	▶	0.040.338.	13,485.	ι υ.	605,724.

032009 12-23-20

Form **990** (2020)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

15 Royalties	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Total expenses											
and dromestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 23 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for membrers 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation of current officers, directors, trustees, and key employees. 7 Other salaries and wages 8 Pesson plan acrusis and contributions (include section 49(8)(6)(3)(8) 9 Pesson plan acrusis and orotifibutions (include section 49(8)(4)(4) employer contributions) 144,574. 95,997. 20,814. 27,763. 9 Payrolit taxes 144,574. 95,997. 20,814. 27,763. 9 Payrolit taxes 15 Cesson services (nonemployees): 16 Management 1 Fiess for services (nonemployees): 17 Fiess for services (nonemployees): 18 Management 19 Legal 4,761. 3,275. 630. 856. 19 Counting 1				Program service	(C) Management and general expenses	Fundraising					
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above to disqualified persons (as defined under section 4958(i)(1)) and persons described in section 4958(i)(3)(8) 7 Other sangles and wages 8 Pension plan accruate and contributions (include section 49(i) (and 493(i) penilogy contributions) 9 Other employee benefits 9 22,771,642 1,840,395 2,397 2,281,410 46,975 63,579 17 Payroll taxes 144,574 95,997 20,814 27,763 333,964 223,410 46,975 630 856 2 Accounting 4,761 1,327	1	Grants and other assistance to domestic organizations									
Individuals See Part IV, line 22 20,000		and domestic governments. See Part IV, line 21	2,208,924.	2,208,924.							
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2	Grants and other assistance to domestic									
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustess, and key employees Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wagee Penson plan accrusis and contributions (include section 4958(c)(3)(B) 2,771,642,1,840,395,392,592,538,655 Penson plan accrusis and contributions (include section 4968(c)(3)(B) 2,771,642,1,840,395,392,592,538,655 Penson plan accrusis and contributions (include section 4968(c)(3)(B) 2,771,642,1,840,395,392,592,538,655 Penson plan accrusis and contributions (include section 4968(c)(3)(B) 2,771,642,1,840,395,392,592,538,655 Penson plan accrusis and contributions (include section 4968(c)(3)(B) 2,771,642,1,840,395,392,592,538,655 144,574,95,997,20,814,27,763 333,964,233,964,233,964,234,046,975,63,579 Payroll taxes 1 Fees for services (nonemployees): a Management b Legal 4,761,3,275,630,856 c Accounting 215,982,1146,611,28,709,40,662 d Lobbying 215,982,1146,611,28,709,40,662 d Lobbying 215,982,1146,611,28,709,40,662 d Lobbying 215,982,1146,611,28,709,40,662 G Hore (liline 11g amount exceeds 10% of line 25, column (A) amount, list line 19 expenses on Sch do. 2,369,938,1,209,222 20 Office sexpenses. 8,9,316,65,114,136,114,114,114,114,114,114,114,114,114,11		individuals. See Part IV, line 22									
A Benefits paid to or for members	3	Grants and other assistance to foreign									
## Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(r)(1) and persons described in section 4958(r)(1) and 4958(r) and 4			00 000	00 000							
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trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other salaries and wages Pension plan accruals and contributions (include section 4961(r)) and apersons described in section 4958(r)(3)(8) 8 Pension plan accruals and contributions (include section 4961(r)) and 49(8) persons described in section 4958(r)(3)(8) 9 Other employee benefits 333,964. 223,410. 46,975. 63,579 10 Payroll taxes 228,168. 147,873. 39,046. 41,249 11 Fees for services (nonemployees): a Management b Legal 4,761. 3,275. 630. 856 c Accounting 215,982. 146,611. 28,709. 40,662 d Lobbying e Professional fundraising services. See Part IV, line 17 for Investment management fees 9 Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2,369. 938. 1,209. 222 13 Office expenses 89,316. 63,7711. 10,047. 15,498 11 Information technology 161,021. 148,405. 3,896. 8,720 15 Royalties 10 Cocupancy 426,254. 288,810. 57,720. 79,724 17 Travel 37,079. 24,342. 662. 12,075 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state, or local public officials for inverse for any federal, state,											
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Persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 9 Cyther employee benefits 144,574. 95,997. 20,814. 27,763 10 Payroll taxes 11 Fees for services (nonemployees): 11 A Management 12 Legal 4,761. 3,275. 630. 856 12 Accounting 215,982. 146,611. 28,709. 40,662 14 Lobbying 15 Professional fundralising services. See Part IV, line 17 16 Investment management fees 17 Other employee benefits 18 Ayron 19 Advertising and promotion 19 Other, (Iffi iten 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 19 Other, (Iffi iten 11g amount exceeds 10% of line 25, column (A) amount, see Professional fundralising services. See Professional fundralising services are seen as a see that the service of th	6										
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Section 401(k) and 403(b) employer contributions) 1.44,574. 95,997. 20,814. 27,763 9 Other employee benefits 333,964. 223,410. 46,975. 63,579 10 Payroll taxes 228,168. 147,873. 39,046. 41,249 11 Fees for services (nonemployees):			4,111,044.	1,040,333.	394,394.	330,033.					
10 Payroll taxes 228,168 147,873 39,046 41,249 11 Fees for services (nonemployees): a Management b Legal 4,761 3,275 630 856 c Accounting 215,982 146,611 28,709 40,662 d Lobbying	8	· · · · · · · · · · · · · · · · · · ·	144 574	95 997	20 814	27 763					
10 Payroll taxes 228,168 147,873 39,046 41,249 11 Fees for services (nonemployees): a Management b Legal 4,761 3,275 630 856 12 C Accounting 215,982 146,611 28,709 40,662 13 Lobbying 7 156,000 156,000 14 Investment management fees 9 156,000 15 Other (life it 1g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 541,658 479,020 8,614 54,024 2 Advertising and promotion 2,369 938 1,209 222 3 Office expenses 89,316 63,771 10,047 15,498 4 Information technology 161,021 148,405 3,896 8,720 5 Royalties 102,119 102,119 6 Occupancy 426,254 288,810 57,720 79,724 7 Travel 37,079 24,342 662 12,075 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 13,643 11,222 1,286 1,135 10 Interest 20 Depreciation, depletion, and amortization 140,066 94,618 18,998 26,450 10 Payments to affiliates 140,066 94,618 18,998 26,450 20 Depreciation, depletion, and amortization 140,066 94,618 18,998 26,450 10 Payments ot coarly limited (Columna) 20 20 20 20 20 20 20 2	•	, , , , , , , , , , , , , , , , , , , ,	333 961	223 A10	46 975	63 579					
11 Fees for services (nonemployees): a Management b Legal				147 873		41 249					
a Management b Legal			220,100.	141,013•	33,040.	41,447.					
b Legal											
C Accounting d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 2, 369. 13, 950. 38, 614. 54, 024 14 Advertising and promotion 2, 369. 9 938. 1, 209. 15, 498. 10formation technology 161, 021. 148, 405. 102, 119. 102, 119. 102, 119. 102, 119. 102, 119. 102, 119. 102, 119. 102, 119. 104, 342. 17 Travel 377, 079. 24, 342. 662. 12, 075 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Insurance 10 Depreciation, depletion, and amortization 11 Insurance 12 Depreciation, depletion, and amortization 13, 643. 11, 222. 1, 286. 11, 135 11, 135 11, 135 120 Interest 121 Payments to affiliates 122 Depreciation, depletion, and amortization 140, 066. 140, 066. 152, 866. 153, 793. 17, 131. 19, 942 140, 066. 153, 793. 17, 131. 19, 942 140, 066. 154, 066. 155, 010m 156, 000 156, 000 156, 000 156, 000 156, 000 156, 000 157, 120. 15			4.761.	3.275.	630.	856.					
Lobbying Professional fundraising services. See Part IV, line 17 156,000. 156,000. 13,950. 13,						40.662.					
Professional fundraising services. See Part IV, line 17 156,000. 13,950. 13,950.											
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Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 541,658.	f				13,950.	·					
Column (A) amount, list line 11g expenses on Sch 0.) 541,658. 479,020. 8,614. 54,024					•						
13 Office expenses	·	· ·	541,658.	479,020.	8,614.	54,024.					
Information technology	12	Advertising and promotion									
Information technology	13	Office expenses				15,498.					
102,119 102,119 102,119 102,119 102,119 102,0119 102,075 17 18 17 18 18 19 19 19 19 19 19	14				3,896.	8,720.					
17 Travel 37,079. 24,342. 662. 12,075 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 13,643. 11,222. 1,286. 1,135 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 140,066. 94,618. 18,998. 26,450 23 Insurance 52,866. 35,793. 7,131. 9,942 24 Other expenses. Itemize expenses on tice 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PRINTING AND PRODUCTION 852,408. 749,208. 804. 102,396 b POSTAGE AND DELIVERY 537,887. 495,975. 812. 41,100 c SUBSCRIPTIONS 86,930. 70,184. 4,922. 11,824 d SERVICE CHARGES 82,439. 74,333. 6,093. 2,013 e All other expenses 18,425. 4,137. 338. 13,950 25 Total functional expenses. Add lines 1 through 24e 7,512,375. 679,148. 1,282,587	15										
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 13,643. 11,222. 1,286. 1,135 Depreciation, depletion, and amortization 140,066. 94,618. 18,998. 26,450 Insurance 52,866. 35,793. 7,131. 9,942 Other expenses. Itemize expenses on tovered above (List miscellaneous expenses on line 24e. if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) POSTAGE AND PRODUCTION 852,408. 749,208. 804. 102,396 DOSTAGE AND DELIVERY 537,887. 495,975. 812. 41,100 C SUBSCRIPTIONS 86,930. 70,184. 4,922. 11,824 d SERVICE CHARGES 82,439. 74,333. 6,093. 2,013 e All other expenses 18,425. 4,137. 338. 13,950 25 Total functional expenses. Add lines 1 through 24e 7,512,375. 679,148. 1,282,587	16	Occupancy									
for any federal, state, or local public officials 19	17		37,079.	24,342.	662.	12,075.					
19 Conferences, conventions, and meetings 13,643. 11,222. 1,286. 1,135 20 Interest	18	Payments of travel or entertainment expenses									
Payments to affiliates Payments to affiliate Payments to affiliate Payments to affiliate Payments to affiliate Payments to affiliates Payments to affiliate Payments to affilia		• • • • • • • • • • • • • • • • • • • •	12 (12	11 000	1 006	4 4 2 5					
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Signature Sign			110 056	01 610	10 000	26 450					
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PRINTING AND PRODUCTION b POSTAGE AND DELIVERY 537,887. 495,975. 812. 41,100 c SUBSCRIPTIONS 6 SERVICE CHARGES 7 All other expenses 18,425. 4,137. 338. 13,950 25 Total functional expenses. Add lines 1 through 24e 9,474,110. 7,512,375. 679,148. 1,282,587						40,430.					
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a PRINTING AND PRODUCTION b POSTAGE AND DELIVERY c SUBSCRIPTIONS d SERVICE CHARGES e All other expenses Total functional expenses. Add lines 1 through 24e 852,408. 749,208. 804. 102,396 852,408. 749,208. 102,396 852,	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)									
b POSTAGE AND DELIVERY 537,887. 495,975. 812. 41,100 c SUBSCRIPTIONS 86,930. 70,184. 4,922. 11,824 d SERVICE CHARGES 82,439. 74,333. 6,093. 2,013 e All other expenses 18,425. 4,137. 338. 13,950 25 Total functional expenses. Add lines 1 through 24e 9,474,110. 7,512,375. 679,148. 1,282,587	9		852.408.	749.208.	804	102.396.					
c SUBSCRIPTIONS 86,930. 70,184. 4,922. 11,824 d SERVICE CHARGES 82,439. 74,333. 6,093. 2,013 e All other expenses 18,425. 4,137. 338. 13,950 25 Total functional expenses. Add lines 1 through 24e 9,474,110. 7,512,375. 679,148. 1,282,587											
d SERVICE CHARGES 82,439. 74,333. 6,093. 2,013 e All other expenses 18,425. 4,137. 338. 13,950 25 Total functional expenses. Add lines 1 through 24e 9,474,110. 7,512,375. 679,148. 1,282,587						11,824.					
e All other expenses 18,425. 4,137. 338. 13,950 25 Total functional expenses. Add lines 1 through 24e 9,474,110. 7,512,375. 679,148. 1,282,587	_					2,013.					
25 Total functional expenses. Add lines 1 through 24e 9,474,110. 7,512,375. 679,148. 1,282,587						13,950.					
						1,282,587.					
						<u> </u>					
reported in column (B) joint costs from a combined	•										
educational campaign and fundraising solicitation.		, , ,									
		Check here X if following SOP 98-2 (ASC 958-720)	1,234,146.	865,905.	0.	368,241.					

032010 12-23-20

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,308,257.	1	2,600,032.
	2	Savings and temporary cash investments	8,055,858.	2	3,756,925.		
	3	Pledges and grants receivable, net	251,448.	3	439,355.		
	4	Accounts receivable, net	308,426.	4	596,689.		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	stantial o	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqua	rsons (as defined				
		under section 4958(f)(1)), and persons describe	ed in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			19,516.	8	12,007.
¥	9	B			268,943.	9	301,230.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	$\overline{}$	1,411,710.			
	b	Less: accumulated depreciation	10b	782,765.	783,036.	10c	628,945.
	11	Investments - publicly traded securities			10,343,846.	11	13,475,995.
	12	Investments - other securities. See Part IV, line		48,395.	12	50,136.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	4-1	14			
	15	Other assets. See Part IV, line 11			654,732.	15	1,812,594.
	16	Total assets. Add lines 1 through 15 (must equ			23,042,457.	16	23,673,908.
	17	Accounts payable and accrued expenses			593,576.	17	527,878.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete			21		
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
Lia Tia		controlled entity or family member of any of the		_		22	
_	23	Secured mortgages and notes payable to unre				23	765,700.
	24	Unsecured notes and loans payable to unrelate				24	705,700.
	25	Other liabilities (including federal income tax, po					
		parties, and other liabilities not included on line	S 17-24)). Complete Part X	2,033,671.	05	1,366,868.
	26	of Schedule D Total liabilities. Add lines 17 through 25			2,627,247.	26	2,660,446.
	20	Organizations that follow FASB ASC 958, ch			2,021,241.	20	2,000,440.
es		and complete lines 27, 28, 32, and 33.	eck nei				
anc	27	Net assets without donor restrictions			20,019,210.	27	20,862,462.
Bal	28	Net assets with donor restrictions			396,000.	28	151,000.
pu		Organizations that do not follow FASB ASC			3237333		
Ŀ		and complete lines 29 through 33.	, o				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	.			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in			31		
ě	32	Total net assets or fund balances		_	20,415,210.	32	21,013,462.
~							23,673,908.
_	33	Total liabilities and net assets/fund balances				02 040 455	00 040 455

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,47		
3	Revenue less expenses. Subtract line 2 from line 1	3	-82		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,41		
5	Net unrealized gains (losses) on investments	5	1,42	5,8	24.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21,01	3,4	62.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization POPULATION CONNECTION **Employer identification number** 94-1703155

Da	rt I	December Dublic (All : ii				1 1700100
		Reason for Public (
he	organi	zation is not a private found	ation because it is: (For lines 1 through 12, c	check only	one box.)		
1	Щ	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental unit describ	ned in
•		section 170(b)(1)(A)(iv). (C			. o. opo.a			
6				antal unit described in	coetion 17	70/6\/4\/4\	(v)	
	X	A federal, state, or local gov	_					and the standard at the
′	Δ	An organization that norma	•	ntial part of its support i	rom a gov	ernmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co						
8	Н	A community trust describe			-			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from (contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor						
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	· ·	•	=		· · · · · · · · · · · · · · · · · · ·	
		lines 12a through 12d that	-					
а		Type I. A supporting orga	• •			-	· · · · · ·	, aivina
u		the supported organization	· ·	· ·				
		organization. You must c			a majority v	or the dire	ctors or trustees or the s	supporting
L		1 ·	- ·		tion with it		ad arganization(a) by ba	win a
D		Type II. A supporting org						
		control or management o			ame perso	ons that co	ontrol or manage the sup	portea
		organization(s). You mus						
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	zation(s)
		that is not functionally int	egrated. The organiz	cation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	r the number of supported o	organizations					
g	Prov	ide the following information	about the supporte	ed organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions)				
	_							
ota	<u> </u>							

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,160,591.	15,120,677.	11,632,800.	10,378,424.	8,027,329.	56,319,821.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11,160,591.	15,120,677.	11,632,800.	10,378,424.	8,027,329.	56,319,821.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,302,934.
6	Public support. Subtract line 5 from line 4.						54,016,887.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	11,160,591.	15,120,677.	11,632,800.	10,378,424.	8,027,329.	56,319,821.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	360,688.	207,033.	382,164.	465,895.	499,812.	1,915,592.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	26,183.	20.		14.	46,300.	72,517.
11							58,307,930.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	78,985.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (I	line 6, column (f), d	livided by line 11, o	column (f))		14	92.64 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	92.89 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				> X
b	33 1/3% support test - 2019. If the o						is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	iblicly supported o	organization		▶∟
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	/ supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instructions	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	now, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	` ,		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					_	1
	ndar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	-	o organization's f	first seeped third	fourth or fifth toy	Voor on a continu		L
14	First 5 years. If the Form 990 is for the	· ·		•	-		.ion,
200	check this box and stop here		arcentage				
	Public support percentage for 2020 (li			oolumn (f))		15	
							9
	Public support percentage from 2019 etion D. Computation of Inves					16	(
			<u>~</u> _			147	
	Investment income percentage for 202						
	Investment income percentage from 2					18	47:
198	33 1/3% support tests - 2020. If the						17 IS not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2019. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶∟

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
20		
3c		
4a		
į		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	etion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
c		structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ılly integra	ited Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

SCITE	Sileddie A (Form 990 of 990-Ez) 2020 1 01 0 DM11 1010 CONNECTION					
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	ed)		
Sect	ion D - Distributions		•		Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3		
4				4		
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5		
6				6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which t	he organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	9 Distributable amount for 2020 from Section C, line 6					
10	Line 8 amount divided by line 9 amount		10			
Sect	Section E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistribution Pre-2020			s	(iii) Distributable Amount for 2020	
			·			

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
с	Excess from 2018			
d	Excess from 2019			
<u>e</u>	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Part VI	Supplemental Information Devide the evaluations required by Dart II, line 10: Dart II, line 17: or 17h; Dart III, line 19:
i dit vi	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	
_	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

POPULATION CONNECTION

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

94-1703155

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Organization type (check one):					
Filers of:		Section:			
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990)-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General l	Rule				
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special F	Rules				
;	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.			
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.			
,	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year			
but it mu	st answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

Name of organization Employer identification number

POPULATION CONNECTION 94-1703155

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c) (d)			
	Name, address, and ZIP + 4	\$ 2,000,000. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
2		\$ 335,150. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
3		\$ 247,947. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) (d)			
	Name, address, and ZIP + 4	\$ 423,887. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
5		\$ 504,375. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
6	Tallio, addi 500, dila Eli TT	\$ 223,918. Person X Payroll Noncash (Complete Part II for noncash contributions.)			

023452 11-25-20

Name of organization

Employer identification number

POPULATION CONNECTION

94-1703155

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

POPULATION CONNECTION

94-1703155

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	

Employer identification number

Name of organization

94-1703155 POPULATION CONNECTION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

		1(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nam	ne of organ				Emı	oloyer identification number
			ION CONNECTION			94-1703155
Pa	rt I-A	Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527	organization.
2	Political ca	ampaign activity expendit	ation's direct and indirect politica ures gn activities		>	\$
Pa	rt I-B	Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
1	Enter the	amount of any excise tax	incurred by the organization unde	er section 4955		\$
2	Enter the	amount of any excise tax	incurred by organization manage	rs under section 4955	>	\$
3	If the orga	nization incurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a	Was a cor	rection made?				Yes No
		escribe in Part IV.				
Pa	rt I-C	Complete if the org	anization is exempt unde	er section 501(c),	<u> </u>	· / · ·
		, .	by the filing organization for sec	·		\$
2		0 0	ization's funds contributed to oth	· ·		
					>	\$
3			. Add lines 1 and 2. Enter here ar		_	
	line 1/b		4400 DOL (. II :		P	\$
			1120-POL for this year?			
5	made pay contribution	ments. For each organiza	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	from the filing organizate separate political organizate	ation's funds. Also enter nization, such as a sepa	the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

LHA

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	`	form 990 or 990-EZ) 2020 POPUL.		_	703155 Page 2
Pa	rt II-A		on is exempt under section 501(c)(3) and fil	ed Form 5768 (ele	ection under
		section 501(h)).			
A C	heck -	if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
		expenses, and share of exces	ss lobbying expenditures).		
B C	heck -	if the filing organization check	ed box A and "limited control" provisions apply.		
		Limits on Lobb (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lob	obying expenditures to influence pub	lic opinion (grassroots lobbying)	0.	
b	Total lob	obying expenditures to influence a leg	gislative body (direct lobbying)	0.	
С	Total lob	obying expenditures (add lines 1a and	d 1b)	0.	
d				9,474,110.	
e Total exempt purpose expenditures (add lines 1c and 1d)				9,474,110.	
f	Lobbyin	g nontaxable amount. Enter the amo	unt from the following table in both columns.	623,706.	
	If the am	ount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not ove	r \$500,000	20% of the amount on line 1e.		
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.		
				1	
g	Grassro	ots nontaxable amount (enter 25% o	f line 1f)	155,927.	
h		t line 1g from line 1a. If zero or less, e		0.	
i	Subtrac	t line 1f from line 1c. If zero or less, e	nter -0-	0.	
j	If there i	is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720	_	
	reportin	g section 4911 tax for this year?		L	Yes No
			4-Year Averaging Period Under Section 501(h)		
		,	a section 501(h) election do not have to complete all	of the five columns be	elow.
		See	the separate instructions for lines 2a through 2f.)		

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total			
2a Lobbying nontaxable amount	744,078.	672,496.	585,300.	623,706.	2,625,580.			
b Lobbying ceiling amount (150% of line 2a, column(e))					3,938,370.			
c Total lobbying expenditures	21,153.	500,695.	3,051.		524,899.			
d Grassroots nontaxable amount	186,020.	168,124.	146,325.	155,927.	656,396.			
e Grassroots ceiling amount (150% of line 2d, column (e))					984,594.			
f Grassroots lobbying expenditures					2000 or 000 EZ\ 2020			

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part		e 3, is
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year				
C	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the exceeds the e				
_	expenditure next year?		4		
5 Par	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	list)· Part II-	A lines 1 :	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

POPULATION CONNECTION

Employer identification number 94-1703155

Pai	t I Organizations Maintaining Donor Advise		s or Accounts Complete if the
ı aı			3 Of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	Tatal seconds as at an disference	(a) Bonor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		16.1
5	Did the organization inform all donors and donor advisors in	_	
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		·
Do			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footing	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Other	Similar As	sets(contin	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	make sigr	nificant use of	f its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	hange prograr	m			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further th	ne organizatio	n's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	ollection?			Yes	☐ No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "\	Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other ass	ets not in	cluded		
	on Form 990, Part X?						Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial accou	ınt liability	?	Yes	└── No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part I	IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years ba	ack (e) Four	years back
1a	Beginning of year balance	1,000.	1,000.	1	,000.	1,00	00.	1,000.
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	1,000.	1,000.	1	,000.	1,00	00.	1,000.
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a	ı)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment 100.0000	%						
С	Term endowment >9	6						
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.						
3а	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administer	ed for the	organization	_	
	by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organizate	· · · · · · · · · · · · · · · · · · ·					3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered					1		
	Description of property	(a) Cost or of	` '			umulated	(d) Book	value
		basis (investr	nent) basis ((other)	depre	ciation		
	Land							
	Buildings			0 063	2.0	000	4.00	0.00
С	Leasehold improvements			9,863.		26,998.		7,865.
d	Equipment			4,467.		8,745.		722.
	Other			7,380.	15	7,022.),358.
Total	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part .	x, column (B), line 1	UC.)		>	0∠0	3,945.

Schedule D (Form 990) 2020

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
(1) Financial derivatives	, ,	, ,	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total . (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DEPOSITS			33,720
(2) DUE FROM RELATED PARTY			1,778,874
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			4 040 504
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	>	1,812,594
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			205 204
(2) GIFT ANNUITY LIABILITY			985,384
(3) DEFERRED RENT			359,420
(4) DUE TO RELATED PARTY			22,064
(5)			
(6)			
(7)			
(8)			
(9)			1,366,868
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	05 \	<u> </u>	1 166 060

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

Part XI Reconciliation of Revenue per Audited Financial		enue per Retur	n.
Complete if the organization answered "Yes" on Form 990, Part 1 Total revenue, gains, and other support per audited financial statement		1	10,221,612.
Total revenue, gains, and other support per audited financial statementAmounts included on line 1 but not on Form 990, Part VIII, line 12:	5	·····	10,221,012.
a Net unrealized gains (losses) on investments	_{2a} 1,4	25,824.	
b Donated services and use of facilities		63,200.	
c Recoveries of prior year grants		00,200	
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	1,589,024.
3 Subtract line 2e from line 1			8,632,588.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,950.	
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b	<u>-</u>	4c	13,950.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			8,646,538.
Part XII Reconciliation of Expenses per Audited Financia			
Complete if the organization answered "Yes" on Form 990, Part	-	•	
Total expenses and losses per audited financial statements	·	1	9,623,360.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	_{2a} 1	63,200.	
b Prior year adjustments		-	
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	-	2e	163,200.
3 Subtract line 2e from line 1			9,460,160.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,950.	
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b	-	4c	13,950.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I			9,474,110.
Part XIII Supplemental Information.	,	•	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2l	o; Part V, line 4; Par	t X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov			, , ,
	•		
PART V, LINE 4:			
PERMANENTLY RESTRICTED NET ASSETS REPRI	ESENT THE LES C	ORSA FUND	ESTABLISHED
IN 1988. THE INCOME EARNED ON THE INVEST	STMENT OF THE O	RIGINAL CO	NTRIBUTIONS
IS TO BE USED TO PROVIDE AN ANNUAL AWAR	RD FOR THE POPU	LATION CON	NECTION
MEMBER WHO HAS MADE OUTSTANDING CONTRI	BUTIONS IN THE	FIELD OF P	OPULATION

PART X, LINE 2:

POLICY AND FAMILY PLANNING.

FOR THE YEAR ENDED DECEMBER 31, 2020, THE ORGANIZATIONS HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR

032054 12-01-20

 $40101_{--}1$

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

94-1703155

		94-1703155
Par	General Information on Activities Outside the United States. Complete if the organ	nization answered "Yes" on
	Form 990, Part IV, line 14b.	
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other	assistance,

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors in the region recipients located in the region) of service(s) in the region in the region GRANT TO RECIPIENT LOCATED SUB-SAHARAN AFRICA IN REGION 20,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2020

and 3b)

3 a Subtotal

b Total from continuation sheets to Part I c Totals (add lines 3a

20,000.

20,000.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country	ı , recognized as a tax			l

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax		
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	_	
3	Enter total number of other organizations or entities	•	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
POPCONN SUPPORTS LIKE MINDED ORGANIZATIONS WITH COMPATIBLE GOALS AND
MAKES DONATIONS TO SUPPORT THEIR MISSIONS. DONATIONS ARE NOT MONITORED
AFTER AWARD.
FOR GRANT RECIPIENTS, POPCONN REQUIRES A SIGNED GRANT AGREEMENT WHICH,
AMONG OTHER CONSIDERATIONS, REQUIRES AN ANNUAL REPORT FROM THE RECIPIENT
ORGANIZATION.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

POPULATION CONNECTION

Employer identification number 94-1703155

	ties. Complete if the organization answ	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not				
required to complete thi				0						
	on raised funds through any of the follow									
a X Mail solicitations e Solicitation of non-government grants b X Internet and email solicitations f Solicitation of government grants										
c X Phone solicitations g Special fundraising events										
d In-person solicitations										
	2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or									
key employees listed in Form 9	90, Part VII) or entity in connection with	profess	ional f	undraising services?	Yes	└── No				
	d individuals or entities (fundraisers) purs	uant to	agree	ements under which	the fundraiser is to b	e				
compensated at least \$5,000 b	y the organization.									
		/:::\	D: 1		(v) Amount paid					
(i) Name and address of individua	al (ii) A ativity	(iii) fundr have c	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid				
or entity (fundraiser)	(ii) Activity	or con	trol of	from activity	fundraiser	to (or retained by) organization				
		contrib			listed in col. (i)					
LAUTMAN MASKA NEILL & COMPAN	· · · · · · · · · · · · · · · · · · ·	Yes	No	1 401 002	156 000	1 045 000				
- 1730 RHODE ISLAND AVE, NW	SEGMENTATION, CREATIVE	-	Х	1,401,983.	156,000.	1,245,983.				
		+								
			<u> </u>	1,401,983.	156,000.	1,245,983.				
	ization is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration				
or licensing.	T	M	ME	WT WX WG N	-C ND NII NT	3777 3777 3737				
AL, AR, CA, CO, CT, DC, I	FL,GA,HI,IL,KS,KY,MA	, MD ,	ME,	MI,MN,MS,N	C, ND, NH, NJ	,NV,NY,NM				
OH,OK,OR,PA,RI,SC,	IN, UT, VA, WA, WI, WV									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

Pa	ırt ı	of fundraising events. Complete if the of fundraising event contributions and groups	•			•
		2aa. a.ag a and actions and give	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ā			(event type)	(event type)	(total number)	COI. (C))
Revenue						
Be	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
xpen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Б.	11					
Pa	ırt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	I	(d) Tatal manning (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						oon (a) amoagn oon (o)
ď	1	Gross revenue				
	Ė					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a				
) II "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
		Yes," explain:				
					Schedule G (Fo	

56.164a.16 **4** (1 61.11 665 61 666 **22**) 262

Schedule G (Form 990 or 990-EZ) 2020 POPULATION CONNECTION	94-1	703	155	Page 3
11 Does the organization conduct gaming activities with nonmembers?			Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity forme				
to administer charitable gaming?			Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility		13a		%
b An outside facility		13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	cords:			
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the a	amount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party:				
Name				
Address ▶				
16 Gaming manager information:				
Name				
Gaming manager compensation ▶ \$				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?			Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp				
organization's own exempt activities during the tax year ▶ \$				
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(v); and Part	t III, lir	nes 9,	9b, 10b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	RAISER	S:		
(I) NAME OF FUNDRAISER: LAUTMAN MASKA NEILL & COMPANY				
(I) ADDRESS OF FUNDRAISER:				
1730 RHODE ISLAND AVE, NW STE 301, WASHINGTON, DC 20036				
(II) ACTIVITY: STRATEGIC CONSULT., SEGMENTATION, CREATIVE	SVCS.	<u>&</u> R	EP0	RTING

Schedule G	i (Form 990 or 990-EZ)	POPULATION	CONNECTION	94-1703155 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)		
		,		
-				
•				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 94-1703155 POPULATION CONNECTION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) POPULATION CONNECTION ACTION FUND 2120 L STREET NW SUITE 500 46-3083014 501(C)(4) 2,000,000 PROGRAM SUPPORT WASHINGTON, DC 20037 0 CONSERVATION THROUGH PUBLIC HEALTH 1717 K ST. NW #1050 WASHINGTON, DC 20006 501(C)(3) PROGRAM SUPPORT 37-1455761 56,500 WINGS 1043 GRAND AVE #299 ST. PAUL, MN 55105 31-1759515 501(C)(3) 50,000 0 PROGRAM SUPPORT BVM CAPACITY BUILDING INSTITUTE 3645 MARKETPLACE BLVD SUITE 130-20 EAST POINT GA 30344 82-3835203 501(C)(3) 20 000 PROGRAM SUPPORT BLUEPRINT NORTH CAROLINA 3739 NATIONAL DRIVE 27-2459538 PROGRAM SUPPORT RALEIGH, NC 27612 501(C)(3) 15,000 0 SISTERSONG 1237 RALPH DAVID ABERNATHY BLVD ATLANTA, GA 30310 51-0544927 501(C)(3) 15 000 0 PROGRAM SUPPORT 10. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other	r Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENLATINOS							
PO BOX 60217							
WASHINGTON, DC 20039	26-3386082	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GREEN DIVERSITY INITIATIVE							
1341 G ST. 5TH FLOOR WASHINGTON, DC 20005	46-5220283	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SAFEMAINE							
PO BOX 752				_			
PORTLAND, ME 04104	01-0449907	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
TURIMIQUIRE FOUNDATION 16 CRESCENT ST.							
CAMBRIDGE, MA 02138	04-3286660	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
PARTNERSHIP PROJECT PO BOX 65826	50.0100050						
WASHINGTON, DC 20035	52-2192070	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
			<u> </u>				0.1.1.1/=

POPULATION CONNECTION

Part III	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed		e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information re	quired in Part I, lin	ne 2; Part III, columr	n (b); and any other a	dditional information.	
PART	I, LINE 2:					
POPUL	ATION CONNECTION GAVE A GRAN	T TO A RE	LATED ORGA	ANIZATION,	POPULATION	
CONNE	CTION ACTION FUND. POPULATIO	N CONNECT	ION IS THE	SOLE VOTI	NG MEMBER OF	
THE A	CTION FUND, AND ITS RECORD K	EEPING IS	MAINTAINE	ED BY POPUL	ATION	
CONNE	CTION STAFF. THEREFORE, MONI	TORING OF	THE GRANT	IS DONE O	N A	
CONTI	NUOUS BASIS.					
POPCO	NN ALSO SUPPORTS LIKE MINDED	ORGANIZA	TIONS WITH	I COMPATIBL	E GOALS AND	
MAKES	DONATIONS TO SUPPORT THEIR	MISSIONS.	DONATIONS	S ARE NOT M	ONITORED	

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

POPULATION CONNECTION

Employer identification number 94-1703155

Pa	art I Questions Regarding Compensation					
			Yes	No		
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee Written employment contract					
	Independent compensation consultant Z Compensation survey or study					
	Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:	4a		Х		
а	Receive a severance payment or change-of-control payment?					
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_^		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only position 501/aV/2) 501/aV/4) and 501/aV/20) argonizations must complete lines 5.0					
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
•	contingent on the revenues of: The organization?	5a		Х		
	The organization? Any related organization?	5b		X		
IJ	If "Yes" on line 5a or 5b, describe in Part III.	JD				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
Ū	contingent on the net earnings of:					
а		6a		Х		
h	The organization? Any related organization?	6b		X		
	If "Yes" on line 6a or 6b, describe in Part III.	0.5				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9						
		9				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			21		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JOHN SEAGER	(i)	240,222.	0.	0.	14,850.	17,474.	272,546.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAMELA WASSERMAN	(i)	184,437.	4,714.	0.	11,425.	17,448.	218,024.	0.
SENIOR VP FOR EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRIAN DIXON	(i)	183,057.	4,607.	0.	10,602.	8,871.	207,137.	0.
SR. VP FOR MEDIA & GOV. RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARIA OROZCO	(i)	160,783.	4,183.	0.	9,739.	17,270.	191,975.	0.
VP OF ADMIN. & MEMB. SVCS. /CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHAUNA SCHERER	(i)	159,335.	4,183.	0.	9,799.	17,335.	190,652.	0.
VP FOR MARKETING & DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARIAN STARKEY	(i)	139,924.	3,800.	0.	7,684.	12,852.	164,260.	0.
VP FOR COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020	OPULATION CONNECTION	94-1703155	Page
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8	3, and for Part II. Also complete this part for any additional informat	ion.
PART I, LINE 7:			
Scheduled (Form 990) 2020 POPULATION CONNECTION 94-17/03155 Page Part III Supplemental Information Provide the information, explanation, or descriptions required for Part II, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. PART I , LINE 7: THE FOLLOWING BONUSES WERE INCLUDED ON PART VII OF THE 990: BRIAN DIXON \$4,607 SHAUNA SCHERER \$4,183 PAMELA WASSERMAN \$4,714 MARIA OROZCO \$4,183 MARIAN STARKEY \$3,800			
BRIAN DIXON	\$4,607		
SHAUNA SCHERER	\$4,183		
PAMELA WASSERMAN	\$4,714		
MARIA OROZCO	\$4,183		
MARIAN STARKEY	\$3,800		

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

2020

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

POPULATION CONNECTION

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

94-1703155

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	:s
1	Art - Works of art			, ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	35	357,619.	FMV			
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organize		-				^	
	for which the organization completed Form 828	33, Part V, [Oonee Acknowledg	jement 29			0	
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							7.7
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.						37	
31	Does the organization have a gift acceptance p	-	•	•		31	Х	<u> </u>
32a	Does the organization hire or use third parties		-	· ·				v
_	contributions?					32a		Х
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	oiumn (c) fo	r a type of propert	y tor which column (a) is che	ecked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

THIS COLUMN REPORTS THE NUMBER OF CONTRIBUTIONS RECEIVED.	THIS COLUMN REPORTS THE NUMBER OF CONTRIBUTIONS RECEIVED.	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

POPULATION CONNECTION

Employer identification number 94-1703155

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY EARTH'S RESOURCES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY GROUPS, AND DRAFTING LETTERS TO THE EDITORS OF THEIR LOCAL

NEWSPAPERS. OUR FACEBOOK, TWITTER, AND INSTAGRAM ACCOUNTS SHARED NEWS

AND OTHER ITEMS WITH OUR FOLLOWERS, PROVIDING A DIGITAL OPPORTUNITY FOR

TWO-WAY COMMUNICATIONS WITH SUPPORTERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

BEGAN HOSTING MONTHLY NATIONAL VOLUNTEER CALLS TO ENGAGE OUR DONORS AND

ACTIVISTS ACROSS THE COUNTRY ON RELEVANT REPRODUCTIVE HEALTH AND RIGHTS

ISSUES. TOPICS COVERED THROUGHOUT THE YEAR INCLUDED REPRODUCTIVE

JUSTICE, CONVERSATIONS WITH STATE AND FEDERAL ELECTED OFFICIALS, AND

THE IMPACT OF THE GLOBAL GAG RULE AROUND THE WORLD.

ENGAGED 1,075 ACTIVISTS FROM ACROSS THE U.S. DURING OUR VIRTUAL CAPITOL

HILL DAYS ADVOCACY WEEKEND, THROUGH A DIGITAL KICKOFF CALL AND A

VIRTUAL DAY OF ACTION IN WHICH ADVOCATES CALLED, EMAILED, AND TWEETED

AT THEIR ELECTED OFFICIALS. WE SHARED RECORDED Q&A'S WITH REPRODUCTIVE

HEALTH AND RIGHTS AND GRASSROOTS ORGANIZING EXPERTS, AND OUR STAFF

SHARED A RECORDED HOW TO LOBBY TRAINING. OUR GROUP MET WITH 23 HOUSE

AND SENATE OFFICES IN OUR TARGET STATES TO ADVOCATE FOR A GREATER U.S.

INVESTMENT IN INTERNATIONAL FAMILY PLANNING, SUPPORT FOR UNFPA, AND A

PERMANENT LEGISLATIVE BAN ON THE GLOBAL GAG RULE. WE ALSO HOSTED A

TWITTER RALLY FOCUSED ON WHY WE #FIGHT4HER, WHICH OVER 2,000 PEOPLE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

POPULATION CONNECTION	94-1703155
PARTICIPATED IN, WHICH HAD OVER 14,000 ENGAGEMENTS, AND I	REACHED OVER
9.2 MILLION PEOPLE.	
IN DECEMBER, WE ASKED OUR SUPPORTERS TO SUBMIT COMMENTS	IN OPPOSITION
TO THE TRUMP ADMINISTRATION'S PROPOSED EXPANSION OF THE C	GLOBAL GAG
RULE. 499 PEOPLE SUBMITTED COMMENTS OPPOSING THIS EXPANS:	ION.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHM	ENTS:
- HELD ONE VIRTUAL LEADERSHIP INSTITUTE WHERE 21 NEW VOLU	UNTEERS WERE
TRAINED TO FACILITATE POP-ED WORKSHOPS.	
- JUDGED 2,593 STUDENT VIDEO SUMISSIONS TO THE 9TH ANNUAL	L WORLD OF 7
BILLION CONTEST FOR MIDDLE AND HIGH SCHOOL STUDENTS, COVI	ERING THE
TOPICS OF IMPROVING CLIMATE RESILIENCY, ENSURING ECONOMIC	
OPPORTUNITIES, AND SUSTAINING WATER SYSTEMS.	
- FACILITATED A GRADUATE-LEVEL ONLINE COURSE FOR 44 MIDDI	LE AND HIGH
SCHOOL SCIENCE AND SOCIAL STUDIES TEACHERS THROUGH ADAMS	STATE
UNIVERSITY DURING THE SUMMER AND FALL SEMESTERS (2 OFFER:	INGS).
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
MEMBERSHIP: SUCCESS IN THE AREAS OF ADVOCACY AND PUBLIC I	EDUCATION
DEPENDS LARGELY ON THE SUPPORT AND DEDICATION OF THE ORGA	ANIZATION'S
MEMBERS. WE HAVE 40,000 MEMBERS ACROSS THE NATION, HELPII	NG REACH OUR
GOALS BY (PRE-PANDEMIC) INFORMING THE PUBLIC ON POPULATION	ON ISSUES AT
LOCAL COMMUNITY EVENTS, HOSTING FILM SCREENINGS, DISTRIBU	UTING OUR
MAGAZINE, WRITING LETTERS TO THE EDITOR OF LOCAL NEWSPAPE	ERS, SIGNING
032212 11-20-20 Sch	nedule O (Form 990 or 990-EZ) 2020

40101__1

Name of the organization

Employer identification number

POPULATION CONNECTION 94-1703155 AND GATHERING SIGNATURES FOR PETITIONS. WE SUPPORT OUR MEMBERS BY PROVIDING MATERIALS FOR THEIR DISTRIBUTION, PAYING REGISTRATION AND LOGISTICAL FEES FOR LOCAL EVENTS SUCH AS EARTH DAY, HOLDING TRAINING AND INFORMATION SESSIONS, RESPONDING TO THEIR CORRESPONDENCE AND REQUESTS FOR INFORMATION, AND ORDERS FOR OUR PRODUCTS AND/OR PUBLICATIONS. DURING THE PANDEMIC, IN-PERSON EVENTS WERE CANCELED, AND WE SHIFTED TO ALL VIRTUAL EVENTS FOR OUR MEMBERS AND THE PUBLIC, INCLUDING EXPERT SPEAKER SERIES, A FOUR-PART COURSE ON CLIMATE CHANGE AND POPULATION, A POPULATION BOOK CLUB, AND ONLINE FILM SCREENINGS. EXPENSES \$ 1,683,877. INCLUDING GRANTS OF \$ 36,899. REVENUE \$ 10,125. GOVERNMENT RELATIONS: TO INFORM CONGRESS AND THE ADMINISTRATION ABOUT POPULATION ISSUES AND TO ADVOCATE THE ADOPTION OF MEASURES TO MOVE THE UNITED STATES AND THE WORLD TOWARDS STABILIZING POPULATION; TO INFLUENCE POPULATION-RELATED LEGISLATION; TO MOBILIZE MEMBERS TO TAKE ACTION. 2020 HIGHLIGHTS: IN 2020, POPULATION CONNECTION CONTINUED TO GROW OUR PARTNERSHIPS WITH INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS WHOSE WORK COMPLEMENTS OUR MISSION, ESPECIALLY GROUPS THAT WERE SUFFERING FROM FUNDING SLASHED BY THE TRUMP ADMINISTRATION. THIS YEAR, WE PARTNERED WITH CONSERVATION THROUGH PUBLIC HEALTH (CTPH) IN UGANDA; WINGS GUATEMALA; AND STRETCHERS YOUTH ORGANISATION IN KENYA. WHILE THE VAST MAJORITY OF OUR WORK TAKES PLACE IN THE US, THESE PARTNERSHIPS CALL ATTENTION TO THE OBSTACLES FACED AS THEY MEDIATE HUMAN-ANIMAL RELATIONSHIPS (CTPH), PROVIDE REPRODUCTIVE HEALTH CARE (WINGS GUATEMALA), AND EDUCATE YOUTH (STRETCHERS). THE GROUPS ARE ALL

BASED IN THEIR OWN COMMUNITIES; THE COVID-19 PANDEMIC MADE THE YEAR

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization **Employer identification number** POPULATION CONNECTION 94-1703155 ESPECIALLY DIFFICULT. THEY ALL, HOWEVER, REACHED THEIR GOALS. CONSERVATION THROUGH PUBLIC HEALTH: CTPH ENABLES THE SAFE AND HEALTHY COEXISTENCE BETWEEN HUMANS, GORILLAS, AND OTHER WILDLIFE LIVING IN "CLOSE QUARTERS" BY PROMOTING AND MANAGING BIODIVERSITY CONSERVATION AND HELPING THE HUMAN COMMUNITY ACCESS HEALTH SERVICES. THIS IMPROVES LIVELIHOODS AND CONSERVES CRITICAL ECOSYSTEMS--A PERFECT FIT FOR POPULATION CONNECTION'S MISSION TO BALANCE POPULATION AND THE **ENVIRONMENT.** OUR GRANT TO CTPH HELPED THE ORGANIZATION FULFILL ITS GOALS TO TRAIN THEIR HEALTH AND CONSERVATION TEAMS (VILLAGE HEALTH AND CONSERVATION TEAMS) AND THE TEAMS MEDIATING RELATIONS BETWEEN HUMANS AND GORILLAS (GORILLA GUARDIANS). THE GOALS: 1) PREVENT COVID-19 FROM SPREADING AMONG PEOPLE, AND FROM PEOPLE TO WILDLIFE; AND 2) CONTINUE TO ADVOCATE FOR POLICIES ENCOURAGING THE BALANCE BETWEEN NATURAL RESOURCES AND HUMANS. CTPH'S PAID AND VOLUNTEER TEAMS MET WITH 4,400+ HOUSEHOLDS TO PROVIDE INFORMATION ON CONSERVATION, DISEASE, AND CONTROL OF COVID-19 AND OTHER INFECTIOUS DISEASES. MEETINGS ALSO COVERED FAMILY PLANNING MATTERS, AND SANITATION AND HYGIENE PRACTICE. CTPH'S EVALUATIONS REPORTED POSITIVE RESULTS, INCLUDING AN INCREASE IN HAND WASHING FACILITIES AND CONCURRENT HAND WASHING.

CTPH'S EFFORT REDUCED THE RISK OF COVID-19 TRANSMISSION BETWEEN PEOPLE AND GORILLAS AND INCREASED THE NUMBER OF COMMUNITY MEMBERS ACCESSING BASIC HEALTH CARE, FAMILY PLANNING, AND CONSERVATION INFORMATION AND

POPULATION IS STABLE.

Name of the organization

Employer identification number

POPULATION CONNECTION 94-1703155

SERVICES. IT ALSO REDUCED UNMET NEED FOR FAMILY PLANNING. THERE WAS

EVEN A MINI "GORILLA BABY BOOM" IN THE NATIONAL FOREST, WITH MORE THAN

12 BABY GORILLAS BORN WITHIN SEVEN MONTHS-A SIGN THAT THE GORILLA

WINGS GUATEMALA: WINGS GUATEMALA PROVIDES QUALITY REPRODUCTIVE HEALTH

EDUCATION AND SERVICES TO UNDERSERVED, PRIMARILY RURAL, GUATEMALAN

YOUTH, WOMEN, AND MEN. WINGS IS AN EXCELLENT PARTNER FOR POPULATION

CONNECTION. BY SERVING LOCAL COMMUNITIES, IT ALLOWS WOMEN AND FAMILIES

TO CONTROL THEIR FERTILITY, THEREBY SLOWING GUATEMALA'S RAPIDLY GROWING

POPULATION, AND LOWERING THE USE OF NATURAL RESOURCES.

ONE IN THREE (33%) OF INDIGENOUS WOMEN HAS NO ACCESS TO HEALTH AND

FAMILY PLANNING SERVICES. AND 80% OF GUATEMALA'S INDIGENOUS POPULATION

LIVES IN POVERTY-IN PART DUE TO THIS UNMET NEED. POPULATION

CONNECTION'S SUPPORT HELPS WINGS BRING ESSENTIAL REPRODUCTIVE HEALTH

CARE TO THE COMMUNITY VIA MOBILE MEDICAL UNITS, STATIONARY CLINICS,

SATELLITE TEAMS, AND BY PARTNERING WITH LOCAL HOSPITALS.

THE ORGANIZATION OFFERS ACCESS TO THE FULL RANGE OF TEMPORARY AND

PERMANENT CONTRACEPTION, AS WELL AS GENERAL REPRODUCTIVE HEALTH

SERVICES, INCLUDING CERVICAL CANCER PREVENTION SERVICES AND TREATMENT

FOR COMMONLY OCCURRING SEXUALLY TRANSMITTED INFECTIONS (STIS).

UNFORTUNATELY, COVID-19 HAS HAD A TERRIBLE IMPACT ON GUATEMALANS'

HEALTH, ECONOMIC STABILITY, AND EQUITY. FURTHER, WINGS WAS FORCED TO

SUSPEND ITS FIELD WORK FROM MARCH - JUNE 2020.

ONCE WINGS REOPENED, IT ADHERED TO SAFETY RULES, AND RETURNED TO

Name of the organization **Employer identification number** POPULATION CONNECTION 94-1703155 PROVIDING REPRODUCTIVE HEALTH SERVICES, INCLUDING EDUCATIONAL TALKS, PRIVATE COUNSELING, ALL LONG-ACTING REVERSIBLE CONTRACEPTION, CERVICAL CANCER SCREENING/TREATMENT, AND PERMANENT BIRTH CONTROL PROCEDURES. IN 2020, WINGS' ACCOMPLISHMENTS INCLUDED PROVIDING CLIENTS WITH 540 TUBAL LIGATIONS, 2,354 SUBDERMAL HORMONAL IMPLANTS, 1,890 MONTHLY INJECTIONS, 1660 BIRTH CONTROL PACKETS, AND 25,458 CONDOMS. THE ESTIMATED IMPACT OF THESE METHODS WAS TO PREVENT 11,149 UNINTENDED PREGNANCIES, 55 CHILD DEATHS, AND THREE MATERNAL DEATHS. STRETCHERS YOUTH ORGANIZATION: STRETCHERS, IS A MEMBERSHIP, YOUTH-LED COMMUNITY-BASED NONPROFIT THAT PROMOTES HEALTH RIGHTS, GOOD GOVERNANCE, AND GENDER EQUALITY AMONG INDIGENOUS YOUTH AND WOMEN IN UNDERSERVED SECTIONS OF KENYA. STRETCHERS WORKS ON INTEGRATION OF CAPACITY BUILDING, AS WELL AS ADVOCACY AND INFORMATION SHARING THROUGH LINKAGE TO SERVICES FOR A SUSTAINABLE SOCIETY. THE GROUP'S GOALS TO IMPROVE HEALTH, GOVERNANCE, GENDER EQUALITY, AND SUSTAINABILITY MAKES IT AN EXCELLENT PARTNER FOR POPULATION CONNECTION. IN 2020, POPULATION CONNECTION SPONSORED PROJECT K.I.B.E. (KIJANA IMARIKA BONGA ELIMIKA) IN MOMBASA COUNTY IN KENYA. INTENDED TO IMPROVE THE SEXUAL AND REPRODUCTIVE HEALTH OF CHILDREN AND ADOLESCENTS, 10 - 24 YEARS OF AGE, STRETCHERS' GOAL WAS TO STRENGTHEN HIV AND SRH SERVICES AND COMMUNITY SYSTEMS. MOMBASA'S YOUNG PEOPLE HAVE MANY HEALTH PROBLEMS, WITH THE MAIN ISSUES ENCOMPASSING SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS, DRUG AND SUBSTANCE ABUSE, TEEN PREGNANCY, AND

SEXUAL AND GENDER BASED VIOLENCE.

Name of the organization

Employer identification number

POPULATION CONNECTION 94-1703155

PROJECT KIBE'S ACTIVITIES -- MOSTLY VIRTUAL DUE TO THE PANDEMIC -- WERE

INTENDED TO INVOLVE THEIR CONSTITUENTS IN STRETCHERS' EDUCATIONAL

PROGRAMS. ACTIVITIES INCLUDED PUBLICIZING THE PROJECT THROUGH OUTREACH;

HOLDING CELEBRATIONS OF WOMEN'S EMPOWERMENT LIKE INTERNATIONAL WOMEN'S

DAY AND DAY OF THE AFRICAN CHILD, ETC. FURTHER, STRETCHERS RAISED

ISSUES THROUGH THE MAJOR SOCIAL MEDIA PLATFORMS. ONE OF THE

ORGANIZATION'S YOUNG ACTIVISTS DID A LIVE BROADCAST ABOUT TEENAGE

DESPITE COVID-19 PREVENTING MOST IN-PERSON PROGRAMS, STRETCHERS MET ITS

202 GOALS. THE GROUP REACHED 773 (251 MALES/522 FEMALES) ADOLESCENT AND

YOUNG PEOPLE. THROUGH COMMUNITY YOUTH VILLAGES, COMMUNITY DIALOGUE,

INTERNATIONAL DAYS, GATHERINGS, AND EVENTS, THEY LEARNED TO ADVOCATE

FOR SRHR.

EXPENSES \$ 265,786. INCLUDING GRANTS OF \$ 28,207. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

PREGNANCY ON KBC-TV (KENYA BROADCASTING COMPANY).

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE PRESIDENT AND BOARD MEMBERS. A COPY OF THE FINAL 990 WAS GIVEN TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

POPULATION CONNECTION MONITORS AND ENFORCES COMPLIANCE OF A WRITTEN

CONFLICT OF INTEREST POLICY WITH ITS BOARD OF DIRECTORS AND STAFF MEMBERS.

DIRECTORS AND STAFF ARE REQUIRED TO PERIODICALLY DISCLOSE CONFLICTS, SHOULD THEY ARISE.

IF A CONFLICT ARISES, IT IS BROUGHT IMMEDIATELY TO THE ATTENTION OF BOTH

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization **Employer identification number** POPULATION CONNECTION 94-1703155 THE CHAIR AND THE PRESIDENT. IF THE BOARD IS TO TAKE ACTION IN SUCH A SITUATION, THE PERSON HAVING A CONFLICT DOES NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION AND, AFTER PROVIDING ALL RELEVANT INFORMATION REGARDING THE MATTER, RETIRES FROM THE PROCEEDINGS AND ROOM IN WHICH THE BOARD IS MEETING AND DOES NOT PARTICIPATE IN THE VOTE. WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT EXISTS, SUCH MATTER IS

RESOLVED BY THE BOARD IN AN OFFICIAL VOTE, EXCLUDING FROM THE VOTE THE PERSON WHO MAY HAVE A CONFLICT. THE BOARD SEEKS SUCH OUTSIDE COUNSEL OR LEGAL ADVICE AS IT DEEMS NECESSARY IN ORDER TO BETTER ENABLE IT TO MAKE A DECISION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPARABLE DATA WAS USED BY THE BOARD TO DETERMINE THE CEO'S SALARY. SIMILAR ORGANIZATIONS WERE EXAMINED TO ASCERTAIN COMPARABLE LEVELS OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. THE BOARD DETERMINES THE COMPENSATION OF THE CEO AND THE DECISION IS DOCUMENTED. THE LAST COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MN,MS,NH,NM,NJ,NY,NC,OR,PA,RI,SC,TN,UT,VA WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Name of the organization POPULATION CONNECTION	Employer identification number 94-1703155
FORM 990, PART X, LINE 24:	
ON APRIL 17, 2020, POPULATION CONNECTION RECEIVED LOAN PR	OCEEDS IN THE
AMOUNT OF \$765,700 UNDER THE PAYCHECK PROTECTION PROGRAM.	THE
PROMISSORY NOTE CALLS FOR MONTHLY PRINCIPAL AND INTEREST	PAYMENTS
AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEF	ERRAL OF
PAYMENTS FOR THE FIRST SIX MONTHS. UNDER THE CORONAVIRUS	AID, RELIEF,
AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOT	E MAY BE
FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION IN WHOLE OR	IN PART.
POPULATION CONNECTION INTENDS TO USE THE PROCEEDS FOR PUR	POSES
CONSISTENT WITH THE PAYCHECK PROTECTION PROGRAM AND BELIE	VES THAT ITS
USE OF THE LOAN PROCEEDS WILL MEET THE CONDITIONS FOR FOR	GIVENESS OF
THE LOAN. POPULATION CONNECTION INTENDS TO APPLY FOR FORG	IVENESS AFTER
COMPLETING THE 24-WEEK PERIOD. IF FORGIVENESS IS GRANTED,	POPULATION
CONNECTION WILL RECORD REVENUE FROM DEBT EXTINGUISHMENTS	DURING THE
PERIOD THAT FORGIVENESS IS APPROVED.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

POPULATION CONNECTION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 94-1703155

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state of	or Total inco	me End-of-yea	r assets Direct c	ontrolling	g
of disregarded entity		foreign country)			er	ntity	
	_						
	_						
	_						
	_						
	_						
Part II Identification of Related Tax-Exempt Organi organizations during the tax year.	zations. Complete if the organization	on answered "Yes" on Form 990	0, Part IV, line 34,	because it had one	e or more related tax-exe	mpt	
(a)	(b)	(c)	(-1)	(2)	(6)		\
			(d) Exempt Code	(e) Public charity	(f)		g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	section	status (if section	Direct controlling entity	1	rolled tity?
or rolated organization		loreign country)	Godion	501(c)(3))	Charty	Yes	No
POPULATION CONNECTION ACTION FUND -	EDUCATES & ADVOCATES			1		163	140
46-3083014, 2120 L STREET NW, #500,	PROGRESSIVE ACTION TO				POPULATION		
WASHINGTON, DC 20037	STABILIZE THE HUMAN	DISTRICT OF COLUMBIA	501(C)(4)	N/A	CONNECTION	x	
POPULATION CONNECTION ACTION FUND PAC -					POPULATION	 	
61-1739943, 2120 L STREET NW, #500,	ORGANIZES SUPPORT FOR				CONNECTION ACTION		
WASHINGTON, DC 20037	POLITICAL CANDIDATES	DISTRICT OF COLUMBIA	527	N/A	FUND	X	
•							

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Identification of Related Orgonizations treated as a pa		ership. Complete if	the organization answe	ered "Yes" on Forr	m 990, Part IV, line	34, becaus	e it had one or mo	re related	t

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disprop	artianata	Code V-UBI	Genera	or Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)		,				Yes	No
									
									Ь

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X			
	Gift, grant, or capital contribution to related organization(s)	1b	X			
С	Gift, grant, or capital contribution from related organization(s)	1c		X		
	Loans or loan guarantees to or for related organization(s)	1d	X			
	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		Х		
g	Sale of assets to related organization(s)	1g		X		
	Purchase of assets from related organization(s)			Х		
i	i Exchange of assets with related organization(s)					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
ï	Performance of services or membership or fundraising solicitations for related organization(s)			X		
n	Performance of services or membership or fundraising solicitations by related organization(s)			Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Х	1		
	Sharing of paid employees with related organization(s)	10	Х			
	Reimbursement paid to related organization(s) for expenses		37	X		
q	Reimbursement paid by related organization(s) for expenses	1q	Х			
r	Other transfer of cash or property to related organization(s)	1r		Х		
	Other transfer of cash or property from related organization(s)	1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					
	(a) (b) (c) (d)	امديناه،				

,		. , ,	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) POPULATION CONNECTION ACTION FUND	A	1,105.	BOOK VALUE
(2) POPULATION CONNECTION ACTION FUND	В	2,000,000.	BOOK VALUE
(3) POPULATION CONNECTION ACTION FUND	D	116,564.	BOOK VALUE
(4) POPULATION CONNECTION ACTION FUND	N	162,245.	BOOK VALUE
(5) POPULATION CONNECTION ACTION FUND	0	932,519.	BOOK VALUE
(6) POPULATION CONNECTION ACTION FUND	Q	1,000,000.	BOOK VALUE

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k	()
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	l or Percer	ntage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partn	owner owner	rsnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes I	10	
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032165 10-28-20 Schedule R (Form 990) 2020 66

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STATE COPY

** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For ti	ne 2020 calendar year, or tax year beginning	and ending						
В	Check applica	f C Name of organization		D Employer identif	ication number				
	Add								
	Nam char		94-17031	.55					
	Initia retui Fina retui	Number and street (or P.U. DOX If Mail is not delivered to street address)							
	term	in							
	Ame	anded $WACHTMCHOM$ DC 20027_1524		H(a) Is this a group	20,279,805.				
	App tion	F Name and address of principal officer: OTH SEAGER		for subordinate	s? Yes X No				
	pen	SAME AS C ABOVE		H(b) Are all subordinates					
T	Tax-e	xempt status: $X = 501(c)(3) = 501(c)() $ (insert no.) $= 4947(c)(3) = 4947(c)(3)$	(a)(1) or 5		a list. See instructions				
J	Webs	www.populationconnection.org		H(c) Group exemption	on number 🕨				
K	Form	of organization: X Corporation Trust Association Other	∟ Ye	ar of formation: 1968	M State of legal domicile: DC				
P	art I	-							
Ф	1	Briefly describe the organization's mission or most significant activities: SI	EE PART	III, LINE 1.					
Š									
Activities & Governance	2	Check this box if the organization discontinued its operations or c	disposed of mo	ore than 25% of its net a					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	13				
ত	4	Number of independent voting members of the governing body (Part VI, line	e 1b)	4	13				
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	45				
ξ	6	Total number of volunteers (estimate if necessary)			177				
Ę	7 8	a Total unrelated business revenue from Part VIII, column (C), line 12							
_	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		10,378,424.					
enc	9	Program service revenue (Part VIII, line 2g)		7,921.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		488,146.					
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,789.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	10,912,280.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		95,201.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5-10)	3,971,087.					
Expenses	16	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	156,000.	156,000.				
ğ	· 1	Total fundraising expenses (Part IX, column (D), line 25) 1,282	<u>2,587.</u>						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,483,717.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,706,005.					
_	19	Revenue less expenses. Subtract line 18 from line 12		2,206,275.	-827,572.				
t Assets or	3			Beginning of Current Year	End of Year				
Set	20	Total assets (Part X, line 16)		23,042,457.					
A	21	Total liabilities (Part X, line 26)		2,627,247.					
Ret	_			20,415,210.	21,013,462.				
	art I								
		nalties of perjury, I declare that I have examined this return, including accompanying scl			ny knowledge and belief, it is				
true	e, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information	n of which prepa	rer has any knowledge.					
		Signature of officer		Doto					
Sig	yn -	'		Date					
He	re	JOHN SEAGER, PRESIDENT & CEO							
		Type or print name and title		Date Check	PTIN				
_		Print/Type preparer's name Programme Programme Preparer's signature		Date Check [
Pai		RICHARD J. LOCASTRO, CPA		self-emplo					
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN) NT	Firm's EIN ▶	52-1392008				
Use Only Firm's address 4550 MONTGOMERY AVE SUITE 800N									
_		BETHESDA, MD 20814-2930		Phone no. (3	951-9090				
Ma	w the	IRS discuss this return with the preparer shown above? See instructions			X Ves No				

Bieley describe the organization's messor: OVERPOPULATION CONNECTION IS THE NATIONAL GRASSROOTS POPULATION OVERPOPULATION CONNECTION IS THE NATIONAL GRASSROOTS POPULATION ORGANIZATION THAT EDUCATES YOUNG PEOPLE AND ADVOCATES PROGRESSIVE ACTION TO STABILIZE WORLD POPULATION AT A LEVEL THAT CAN BE SUSTAINED Did the organization undertake any significant program services during the year which were not listed on the prior form 300 r500 £27 If 'Yes,' describe these new services on Schedule O. Did the organization case conducting, or made significant changes in how it conducts, any program services?	Pa	rt III Statement of Program Service Accomplishments
OVERPOPULATION THREATENS THE QUALITY OF LIFE FOR PEOPLE EVERYWERE. POPULATION CONNECTION IS THE NATIONAL GRASSROOTS POPULATION GRGANIZATION THAP EDUCATES YOUNG PEOPLE AND ADVOCATES PROGRESSIVE ACTION TO STABILIZE WORLD POPULATION AT A LEVEL THAT CAN BE SUSTAINED Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990£2? If Yes, 'Generic these new services on Schedule O. 10 He Yes, 'Generic these new services on Schedule O. 11 Yes, 'Generic these consecutioning, or make significant changes in how it conducts, any program services, as measured by expenses. 12 Both the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 13 Section 901(6)(S) and 901(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 14 (Cost. 'Quality Organization's program service reported. 15 (Cost. 'Quality Organization's program service reported. 16 (Cost. 'Quality Organization's required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services reported. 17 (Communications): To KEBP POPULATION CONNECTION MEMBERS AND SUPPORTERS, organization and program services reported. 18 (Cost. 'Quality Organization's required to report the amount of grants and allocations to other, the total expenses, and revenue, if any, for each program services required to report the amount of grants and allocations to other, the total expenses, and control and allocations to other, the total expenses, and control and allocations to other, the total expenses, and control and allocations to other, the total expenses, and control and allocations to other, the total expenses, and control and allocations to other, the total expenses, and allocations to other, the total expenses, and control and allocations to other, the total expenses, and		Check if Schedule O contains a response or note to any line in this Part III
POPULATION CONNECTION IS THE NATIONAL GRASSROOTS POPULATION ORGANIZATION THAT EDUCATES YOUNG PEOPLE AND ADVOCATES PROGRESSIVE ACTION TO STABILIZE WORLD POPULATION AT A LEVEL THAT CAN BE SUSTAINED DID for cognization undertake any significant program services during the year which were not listed on the prior form \$90 or \$900£27 If "Yes," describe these new services on Schedule O. 10 but the cognization to pagnation case occurring the year which were not listed on the prior form \$90 or \$900£27 If "Yes," describe these new services on Schedule O. 10 but the cognization to ground significant changes in how it conducts, any program services, as measured by expenses. Section \$50 (16)(8) and \$50 (16)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section \$50 (16)(8) and \$50 (16)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section \$50 (16)(8) and \$50 (16)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service services and the reverse of the services of the ser	1	
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Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 48 (cost) (becames \$ 2,004,100 · beciging grants of \$ 489,584 ·) (Province \$ \$) (COMMUNICATIONS: TO KEEP POPULATION CONNECTION MEMBERS AND SUPPORTERS, \$) (COMMUNICATIONS: TO KEEP POPULATION CONNECTION MEMBERS AND SUPPORTERS, \$) (COMMUNICATION ISSUES. 2020 HIGHLIGHTS INCLUDE: POPULATION CONNECTION POPULATION ISSUES. 2020 HIGHLIGHTS INCLUDE: POPULATION CONNECTION PUBLISHED FOUR ISSUES OF POPULATION CONNECTION MAGAZINE, WHICH HAS A CIRCULATION OF APPROXIMATELY 66,000; HARD COPIES ARE RECEIVED BY POPULATION CONNECTION MEMBERS, EVERY MEMBER OF CONGRESS AND OVER 3,000 PUBLIC AND UNIVERSITY LIBRARIES. OUR STAFF PUBLISHED 28 BLOG POSTS ON THE POPULATION CONNECTION WEBSITE, RANGING IN TOPIC FROM CLIMATE CHANGE TO PANDEMICS TO HEALTH INSURANCE COVERAGE OF CONTRACEPTION. WE RESPONDED TO HUNDREDS OF INFORMATION REQUESTS FROM STUDENTS, DONORS, AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATIONAL RESOURCE FOR PEOPLE WRITING ACADEMIC PAPERS, DEVELOPING PRESENTATIONS FOR THEIR 1600 MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATIONAL RESOURCE FOR PEOPLE WRITING ACADEMIC PAPERS, DEVELOPING PRESENTATIONS FOR THEIR 151ELD AND OUTBRACH: TO ASSIST POPULATION CONNECTION ACTIVISTS NATIONALDE IN BUILDING AND SUSTAINING STATE AND LOCAL EDUCATIONAL, MEDILA AND LOBBYING EFFORTS ON BEHALF OF POPULATION CONNECTION THROUGH ORGANIZING AND PROVIDING TRAINING, TECHNICAL ASSISTANCE AND FUNDING. REPRESENT POPULATION CONNECTION TO CONNECTION THROUGH ORGANIZING AND ACTION IN 8 STATES ACROSS THE COUNTRY. OVER THE PAST THREE YEARS WE HAVE ENGAGED OVER 60,000 INDIVIDUALS. AFTER WE MADE THE SWITCH TO ALL VIRTUAL ORGANIZING, DUE TO THE COVID-19 PANDEMIC, WE SWITCH TO ALL VIRTUAL ORGANIZING, DUE TO THE COVID-19 PANDEMIC, WE POPULATION EDUCATION: TO PROMOTE POPULATION ENGESCONES 1,71,435. EXAMINATION ENABLING FORMER TRAINING MOST EFFECTIVELY. 2020		If "Yes," describe these changes on Schedule O.
40 (Come) (Expenses 2 0.04 1.00 · including grants of 4 8 9.584 ·) (Expenses 2 0.04 1.00 · including grants of 4 8 9.584 ·) (Expenses 2 0.04 1.00 · including grants of 4 8 9.584 ·) (Expenses 2 0.04 1.00 · including grants of 4 8 9.584 ·) (Expenses 2 0.04 1.00 · including grants of 4 8 9.584 ·) (Expenses 2 0.00 ·) (Expenses 3 0.00 ·) (4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
48 (come) [Seconders 2 , 2004,100 Including parties of 489,584.) [Seconder 5] COMMUNICATIONS: TO KEEP POPULATION CONNECTION MEMBERS AND SUPPORTERS, FEDERAL DECISIONMAKERS, AND JOURNALISTS UP-TO-DATE ON U.S. AND GLOBAL POPULATION ISSUES. 2020 HIGHLIGHTS INCLUDE: POPULATION CONNECTION PUBLISHED FOUR ISSUES OF POPULATION CONNECTION MAGAZINE, WHICH HAS A CIRCULATION OF APPROXIMATELY 66,000; HARD COPIES ARE RECEIVED BY POPULATION CONNECTION MEMBERS, EVERY MEMBER OF CONGRESS AND OVER 3,000 PUBLIC AND UNIVERSITY LIBRARIES. OUR STAFF PUBLISHED 28 BLOG POSTS ON THE POPULATION CONNECTION MEMBERS, EVERY MEMBER OF CONGRESS AND OVER 3,000 PUBLIC AND UNIVERSITY LIBRARIES. OUR STAFF PUBLISHED 28 BLOG POSTS ON THE POPULATION CONNECTION WEBSITE, RANGING IN TOPIC FROM CLIMATE CHANGE TO PANDEMICS TO HEALTH INSURANCE COVERAGE OF CONTRACEPTION. WE RESPONDED TO HUNDREDS OF INFORMATION REQUESTS FROM STUDENTS, DONORS, AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATIONAL RESOURCE FOR PEOPLE WRITING ACADEMIC PAPERS, DEVELOPING PRESENTATIONS FOR THEIR 1600. 40 (code) [Concesses 1 1,787,177. Including parts of 3 1,602,942.) [Resource 5] [PROPOLATION CONNECTION ACTIVISTS NATIONWIDE IN BUILDING AND SUSTAINING STATE AND LOCAL EDUCATIONAL, MEDIA AND LOBBYING EFFORMS ON BEHALF OF POPULATION CONNECTION THROUGH ORGANIZING AND PROVIDING TRAINING, TECHNICAL ASSISTANCE AND FUNDING. REPRESENT POPULATION CONNECTION IN COALITIONS FOCUSED ON GRASSROOTS ACTION AND AT PUBLIC PRESENTATIONS AND EXHIBITIONS AS NEEDED. 2020 HIGHLIGHTS INCLUDE: GREW OUR *FIGHT*4HER CAMPAIGN SIGNIFICANTLY THROUGH GRASSROOTS ACTION AND ACTION IN 8 STATES ACROSS THE COUNTRY. OVER THE PAST THREE YEARS WE HAVE ENGAGED OVER 60,000 INDIVIDUALS. AFTER WE MADE THE SWITCH TO ALL VIRTUAL ORGANIZING, DUE TO THE COUNTRY. OVER THE PAST THREE YEARS WE HAVE ENGAGED OVER 60,000 INDIVIDUALS. AFTER WE MADE THE POPULATION EDUCATION: TO PROMOTE POPULATION LITERACY AMONG AMERICAN YOUTH BY (1) PROVIDING BDUCATORS WITH TEACHING RESOURCES AND PROPERSIONAL DEVELOPMENT WORKSHOPS TO HE		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
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### To assist Population Connection Activists ### FIELD AND OUTREACH: TO ASSIST POPULATION CONNECTION ACTIVISTS NATIONWIDE IN BUILDING AND SUSTAINING STATE AND LOCAL EDUCATIONAL, MEDIA AND LOBBYING EFFORTS ON BEHALF OF POPULATION CONNECTION THROUGH ORGANIZING AND PROVIDING TRAINING, TECHNICAL ASSISTANCE AND FUNDING. REPRESENT POPULATION CONNECTION IN COALITIONS FOCUSED ON GRASSROOTS ACTION AND AT PUBLIC PRESENTATIONS AND EXHIBITIONS AS NEEDED. 2020 HIGHLIGHTS INCLUDE: ###################################		
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441	Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part IV Checklist of Required Schedules (continued)

		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l	
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		3,7	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
6 -	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- v
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С		10	Х	
	(gambling) winnings to prize winners?	1c		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	C-		X
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? \dots	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A			
a	, a= /=	9a		
b 10	, , , , , , , , , , , , , , , , , , , ,	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)))s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOHN SEAGER - (202)332-2200			
	2120 L STREET, NW, SUITE 500, WASHINGTON, DC 20037			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

ot Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

Prof	(A)	(B)			((C)			(D)	(E)	(F)
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The state The									·	•	
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The state The			or dir	99			sated		_	(W-2/1099-MISC)	
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1 John Seager		line)	Indivi	Institi	Office	Key e	Highe emplo	Pr.m			
Carrest	(1) JOHN SEAGER										
SENIOR VP FOR EDUCATION	PRESIDENT & CEO				Х				240,222.	0.	32,324.
SRIAN DIXON 15.75 X	(2) PAMELA WASSERMAN										
SR. VF FOR MEDIA & GOV. RELATIONS	SENIOR VP FOR EDUCATION						Х		189,151.	0.	28,873.
(4) MARIA OROZCO 32.27 X 164,966. 0. 27,009 (5) SHAUNA SCHERER 33.60 X 163,518. 0. 27,134 (6) MARIAN STARKEY 27.79 X 143,724. 0. 20,536 (7) ESTELLE RABONI 2.00 X 143,724. 0. 20,536 (7) ESTELLE RABONI 2.00 X X 0. 0. 0. 0. (8) DARA PURVIS 2.00 X X 0. 0. 0. 0. (9) TOM SAWVER 2.00 X X 0. 0. 0. 0. (10) BOB PETTAPIECE 2.00 X X 0. 0. 0. 0. TREASURER (FROM 2/2020) 0.00 X X 0. 0. 0. 0. (11) BORYCE HACH 2.00 X X 0. 0. 0. 0. (12) RODRIGO BARILLAS 2.00 X 0. 0. 0. 0. BOARD MEMBER 0.00 X 0. 0. 0. 0. (13) KEVIN WHALEY 2.00 0. 0. 0. 0. BOARD MEMBER 0.00 0. 0. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td>										_	
VP OF ADMIN. & MEMB. SVCS. /CFO	SR. VP FOR MEDIA & GOV. RELATIONS						Х		187,664.	0.	19,473.
SHAUNA SCHERER 33.60 X	(4) MARIA OROZCO									_	
VP FOR MARKETING & DEVELOPMENT 3.90							X		164,966.	0.	27,009.
CALCAD C	, , , , , , , , , , , , , , , , , , , ,								1.50 540		0
VP FOR COMMUNICATIONS							Х		163,518.	0.	27,134.
CT							l		140 504	•	00 506
CHAIR							X		143,724.	0.	20,536.
(8) DARA PURVIS			,,		,,					0	0
VICE CHAIR			A		A				0.	0.	0.
TREASURER (UNTIL 2/2020)					l 🕶					0	^
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BOARD MEMBER 0.00 X 0. 0. 0.	(17) AARON S. ALLEN										
	BOARD MEMBER	0.00	Х						0.	0.	0 • Form 990 (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st C	ompensated Employe	es (continued)			
(A)	(B)			-	C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos heck	itior more	ገ e than	one	Reportable	Reportable	Es	stimate	∌d
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation		nount	of
	week (list any	_		<u> </u>	1	1	1	from	from related		other	
	hours for	lirect				L		the organization	organizations (W-2/1099-MISC)		pensa	
	related	e or c	stee			satec		(W-2/1099-MISC)	(00-2/1099-101130)	1	anizati	
	organizations	truste	al trus		yee	mper		(** =/ *********************************			d relat	
	below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	er				anizatio	
	line)	Indiv	Instit	Officer	Key e	High empl	Former					
(18) ANDREEA CREANGA	2.00											
BOARD MEMBER		Х						0.	0.			0.
(19) PADGETT KELLY	2.00											_
BOARD MEMBER	0.00	Х						0.	0.			0.
(20) NEJLA LIIAS	2.00											•
BOARD MEMBER (UNTIL 1/2020)	0.00	X			_			0.	0.			0.
(21) MARY BETH WEINBERGER	2.00	X						0.	0.			0.
BOARD MEMBER	0.00	^			\vdash	-		0.	0.			<u> </u>
	1											
											-	
1b Subtotal	1							1,089,245.	0.	15	5,3	<u>49.</u>
c Total from continuation sheets to Part V								0.	0.			0.
d Total (add lines 1b and 1c)								1,089,245.	0.	15	5,3	49.
2 Total number of individuals (including but n	not limited to th	ose	liste	ed al	bov	e) wl	no re	eceived more than \$100	0,000 of reportable			
compensation from the organization												13
											Yes	No
3 Did the organization list any former officer,			-		-		_		•			
line 1a? If "Yes," complete Schedule J for s	such individual									3		X
4 For any individual listed on line 1a, is the su								•	•		L	
and related organizations greater than \$15										4	Х	
5 Did any person listed on line 1a receive or a						•		•				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	per	son				5		X
Section B. Independent Contractors									*			
1 Complete this table for your five highest co	•	•							•	ation f	rom	
the organization. Report compensation for	tne calendar y	ear	endi	ng v	vith	or w	<u>rithin</u>	tne organization's tax	year.			

(A)	(B)	(C)
Name and business address	Description of services	Compensation
LEWIS DIRECT		
325 EAST OLIVER STREET, BALTIMORE, MD 21202	PRINTING	239,625.
LAUTMAN MASKA NEILL & CO, 1730 RHODE		
ISLAND AVE NW SUITE 301, WASHINGTON, DC	CONSULTING	194,000.
DEMBO JONES, 6116 EXECUTIVE BLVD SUITE		
500, NORTH BETHESDA, MD 20852	ACCOUNTING	174,842.
JAPS OLSEN COMPANY, 7500 EXCELSIOR BLVD,		
ST. LOUIS PARK, MN 55426	PRINTING	163,549.
RWT PRODUCATION		
8932 ORANGE HUND LANE, ANNANDALE, VA 22003	PRINTING	160,709.
2 Total number of independent contractors (including but not limited to those lister		
\$100,000 of compensation from the organization \blacktriangleright 6		
<u> </u>		200

Form 990 (2020) POPULAT
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
		Check if Schedule O contains a respons	se of flote to arry iii i	(A)	(B)	(C)	l (D)
				Total revenue	Related or exempt		Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
S S							360110113 3 12 - 3 14
ant		a Federated campaigns 1a					
हुं हैं। इस		Membership dues 1b	731,497.				
ts,	C	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	C	d Related organizations1d					
ıs,	e	Government grants (contributions)					
i S	f	All other contributions, gifts, grants, and					
la par		similar amounts not included above 1f	7,295,832.				
d of	ç	Noncash contributions included in lines 1a-1f 1g \$	357,619.				
a C	r	Total. Add lines 1a-1f		8,027,329.			
			Business Code				
ø.	2 8	HONORARIUM	900099	3,460.	3,460.		
Program Service Revenue	- k	COURSE TUITION	900099	3,360.	3,360.		
Se		•		,	,		
E Š	,		-				
Peg	6		-				
Pro		All other program service revenue	-				
		Total. Add lines 2a-2f		6,820.			
$\overline{}$	3	Investment income (including dividends, into		5,020.			
	3	•		479,243.			479,243.
		other similar amounts)		477,245.			475,245.
	4	Income from investment of tax-exempt bond	· .	20 560			20 560
	5	Royalties(i) Real		20,569.			20,569.
	_		(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	``'				
		assets other than inventory 7a 11,692,87	9.				
	k	Less: cost or other basis					
ne		and sales expenses	3. 1,764.				
Revenue	c	Gain or (loss) 7c 61,37	61,764.				
Be	c	Net gain or (loss)	>	59,612.			59,612.
her	8 8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	Ba				
	k		Bb				
		Net income or (loss) from fundraising events	·				
		Gross income from gaming activities. See					
			oa				
	ŀ		9b				
			····				
		a Gross sales of inventory, less returns					
		• • • • • • • • • • • • • • • • • • • •	0a 6,665.				
			0b 0.				
		-	-	6,665.	6,665.		
_		Net income or (loss) from sales of inventory	Business Code	0,005.	0,005.		
Sn(44 -	MISCELLANEOUS	900099	46,300.			46,300.
ine a			300033	40,300.			40,300.
Miscellaneous Revenue	t		-				
Sce	•		-				
Ξ		All other revenue		46 200			
		Total Add lines 11a-11d	P	46,300. 8,646,538.	12 405	0.	605 704
	12	Total revenue. See instructions	▶	0.040.338.	13,485.	ι υ.	605,724.

032009 12-23-20

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not include amounts reported on lines 60, 78, 80, 90, and 100 of Part VIII.	36011	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			impiete column (A).	
Total specified processors Forgram service Montagement and governed expenses Forgram service	Do i		(A)	(B)		
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Berefits paid to or for members Compensation of current officers, directors, trustoes, and key employees Compensation not included above to disqualified persons (as defined under section 4958(r)(3)(8) Persons described in section 4958(r)(3)(8) 7 Other satisfies and vagges Person plan accruads and contributions (include section 401(k) and 403(s) employer corributions (section 401(k) and 403(s)) employer corributions (section 401(k) and 403(s) employer corributions (section 401(k) and 403(s)) employer corributions (section 401(k) and 403(s)			Total expenses			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1	_	0 000 004	0 000 004		
Individuals See Part V, line 22 20,000 20,000 34,750 3			2,208,924.	2,208,924.		
Compensation of luminosis (and the sististance to foreign individuals. See Part IV, lines 15 and 16 20,000 . 20,000 . 20,000 . 34,750 34,750 34,750 34,750 34,750 34,750 35,	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
Individuals. See Part IV, lines 15 and 16 20,000 . 20,000 . 34,750 34,750 34,750 34,750 34,750 35,750 36,750	3	_				
Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 231,665 183,015 13,900 34,750			20 000	20 000		
5 Compensation of current officers, directors, trustees, and key employees compensation of included above to disqualified persons (as defined under section 4958(r)(1) and persons described in section 4958(r)(3)(8) and acruals and round an acruals and round an acruals and round an acruals and round an acruals and round as a section 40 (k) and 403(b) employer contributions (include section 40 (k) and 403(b) employer contribution 40 (k) and 403(b) employer contribution 40 (k) and 403(b) employer contribution 40 (k) and			20,000.	20,000.		
trustees, and key employees 231,665. 183,015. 13,900. 34,750 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and accruate and contributions (include section 401(k) and 403(t) employer contributions) 9						
6 Compensation not included above to disqualified persons (as defined under section 4958(f(1)) and persons destribed in section 4958(f(1)) and persons destribed in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 144,574, 95,997, 20,814, 27,763 9 Other employee benefits 228,168, 147,873, 39,046, 41,249 10 Payroll taxes 228,168, 147,873, 39,046, 41,249 11 Fees for services (nonemployees): a Management b Legal 4,761, 3,275, 630, 856 c Accounting 1 Legal 4,761, 3,275, 630, 856 c Accounting Professional fundralising services. See Part IV, line 17 f Investment management fees 9 Other, (fill file 1) figamount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 2,369, 938, 1,209, 222 30 Office expenses 89,316, 63,771, 10,047, 15,498 10 Coupancy 426,254, 288,810, 57,720, 79,724 17 Travel 37,079, 24,342, 662, 12,075 Payments to affiliates 10 Coupancy 426,254, 288,810, 57,720, 79,724 10 Coupancy 13,643, 11,222, 1,286, 1,135 Interest 10 Depreciation, depletion, and amortization 140,066, 94,618, 18,998, 26,450 30 Insurance 140,066, 94,618, 18,998, 26,450 31 SerVICE CHARGES 18,439, 74,333, 6,93, 2,013 86,930, 70,184, 4,922, 11,824 86,930, 70,184, 4,922, 11,824 86,930, 70,184, 4,922, 11,824 86,930, 70,184, 4,922, 11,824 87,901,001,001,001,001,001,001,001,001,001	5	· · · · · · · · · · · · · · · · · · ·	221 665	102 015	12 000	24 750
persons (as defined under section 4958(h(1)) and persons described in section 4958(h(1)) and persons described in section 4958(h(2))(8) 7 Other salaries and wages 8 Pension plan accruais and contributions (include section 4016) and 403(h) employer contributions) 9 Other employee benefits 1 44 , 574 . 95 , 997 . 20 , 814 . 27 , 763 9 Other employee benefits 2 28 , 168 . 147 , 873 . 39 , 046 . 41 , 249 1 Fees for services (nonemployees): a Management b Legal 4 , 761 . 3 , 275 . 630 . 856 c Accounting 2 215 , 982 . 146 , 611 . 28 , 709 . 40 , 662 d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other, (Illien 1) anount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 2 Advertising and promotion 3 Office expenses 8 9 , 316 . 63 , 771 . 10 , 047 . 15 , 498 41 Information technology 1 161 , 021 . 148 , 405 . 3 , 896 . 8 , 720 1 7 Travel 3 7 , 079 . 24 , 342 . 662 . 12 , 075 8 Payments to finitates Conferences, conventions, and meetings 1 13 , 643 . 11 , 222 . 1 , 286 . 1 , 135 Conferences, conventions, and meetings 1 140 , 066 . 94 , 618 . 18 , 998 . 26 , 450 Collaboration dependent, and amortization 1 1	_	The state of the s	Z31,003.	103,013.	13,900.	34,750
persons described in section 4958(c)(3)(8) 7 Pension plan accruais and wages 8 Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions) 9 Cither employee benefits 144,574. 95,997. 20,814. 27,763 333,964. 223,410. 46,975. 63,579 10 Payroli taxes 11 Fees for services (nonemployees): 12 Management 13 Legal 14 Lobying 15 Pension all Indiasing services. See Part IV, line 17 (Investment management fees) 9 Cither (II line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Jefs 10 Jefs	6	•				
7 Other salaries and wages 8 Pension plan accuals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1144,574. 95,997. 20,814. 27,763 9 Other employee benefits 228,168. 147,873. 39,046. 41,249 11 Fees for services (nonemployees): a Management b Legal						
8 Pension plan accruais and contributions (include section 401 (k) and 403(b) employer contributions) 9 Other employee benefits	_		2 771 642	1 040 205	202 502	E20 CEE
Section 401(k) and 403(b) employer contributions 333,964. 95,997. 20,814. 27,763		_	2,//1,642.	1,840,395.	392,592.	538,655
9 Other employee benefits 333,964, 223,410, 46,975, 63,579 10 Payroll taxes 228,168, 147,873, 39,046, 41,249 11 Fees for services (nonemployees): a Management b Legal 4,761, 3,275, 630, 856 c Accounting 215,982, 146,611, 28,709, 40,662 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	8	·	1 / / [7 /	05 007	20 014	27 762
10 Payroll taxes						41,163
11 Fees for services (nonemployees): a Management b Legal		The state of the s				
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 2 Advertising and promotion 2 Advertising and promotion 3 Agrant 1 Agrant 2 Agrant 1 Agrant 1 Agrant 2 Agrant 1 Agrant 2 Agr			228,168.	147,873.	39,046.	41,249
b Legal	11	` ' ' '				
C Accounting	а	Management	4 561	2 075	620	056
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 2 , 369 , 938 , 1, 209 , 222 3 Office expenses 8 9, 316 , 633, 771 , 10, 047 , 15, 498 41 Information technology 161, 021 , 148, 405 , 3, 896 , 8, 720 426, 254 , 288, 810 , 57, 720 , 79, 724 436, 254 , 288, 810 , 57, 720 , 79, 724 47 Travel 37, 079 , 244, 342 , 662 , 12, 075 48 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e, if line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A	b				1	
e Professional fundraising services. See Part IV, line 17 f Investment management fees (20 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) (2, 369 . 938 . 1, 209 . 222 (20 Other expenses . 100	С		215,982.	146,611.	28,709.	40,662
Total Travel Total Tot	d		156 000			156 000
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 2 , 369 · 938 · 1, 209 · 222 3 Office expenses 8 9, 316 · 63,771 · 10, 047 · 15, 498 14 Information technology 15 Royalties 16 Occupancy 426,254 · 288,810 · 57,720 · 79,724 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 20 Interest 12 Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 140,066 · 94,618 · 18,998 · 26,450 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schodule (.) 25 PSTAGE AND DELIVERY 26 SUBSCRIPTIONS 27 All other expenses All other expenses. Add lines 1 through 24e 27 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	е	- · · · · · · · · · · · · · · · · · · ·			12.050	156,000
Collumn (A) amount, list line 11g expenses on Sch 0. S41, 658. 479, 020. 8,614. 54,024	f		13,950.		13,950.	
13 Office expenses 89,316	g	, -	E 41 CEO	450 000	0 (14	E 4 004
13 Office expenses 89,316		column (A) amount, list line 11g expenses on Sch O.)				54,024
16 Information technology	12				-	
15 Royalties 102,119	13					
16 Occupancy	14	Information technology			3,896.	8,720
17 Travel	15	Royalties	-			
18	16	Occupancy		-	-	
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Interest Interest Interest Insurance Insurance Insurance Interest Interest Interest Insurance Insurance Interest Insurance Insurance Interest Insurance Insura	17	Travel	37,079.	24,342.	662.	12,075
19 Conferences, conventions, and meetings Interest Intere	18	Payments of travel or entertainment expenses				
Interest Payments to affiliates Depreciation, depletion, and amortization 140,066. 94,618. 18,998. 26,450		for any federal, state, or local public officials	12 (12	44 000	4 005	4 4 5 5
Payments to affiliates Depreciation, depletion, and amortization 140,066. 94,618. 18,998. 26,450	19	Conferences, conventions, and meetings	13,643.	11,222.	1,286.	1,135
Depreciation, depletion, and amortization 140,066. 94,618. 18,998. 26,450	20					
10 10 10 10 10 10 10 10	21	The state of the s	140 000	0.4.610	10 000	06 450
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PRINTING AND PRODUCTION b POSTAGE AND DELIVERY c SUBSCRIPTIONS d SERVICE CHARGES e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	22	Depreciation, depletion, and amortization				26,450
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PRINTING AND PRODUCTION	23		52,866.	35,793.	7,131.	9,942
a PRINTING AND PRODUCTION b POSTAGE AND DELIVERY C SUBSCRIPTIONS d SERVICE CHARGES e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 852,408. 749,208. 804. 102,396 852,408. 749,208. 804. 102,396 852,408. 749,208. 804. 102,396 852,408. 749,208. 804. 102,396 852,408. 749,208. 804. 102,396 852,408. 749,208. 804. 102,396	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
b POSTAGE AND DELIVERY c SUBSCRIPTIONS d SERVICE CHARGES e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 537,887. 495,975. 812. 41,100 86,930. 70,184. 4,922. 11,824 82,439. 74,333. 6,093. 2,013 18,425. 4,137. 338. 13,950 9,474,110. 7,512,375. 679,148. 1,282,587	а		852,408.	749,208.	804.	102,396
SUBSCRIPTIONS 86,930. 70,184. 4,922. 11,824 SERVICE CHARGES 82,439. 74,333. 6,093. 2,013 e All other expenses 18,425. 4,137. 338. 13,950 25 Total functional expenses. Add lines 1 through 24e 9,474,110. 7,512,375. 679,148. 1,282,587 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		POSTAGE AND DELIVERY			812.	41,100
d SERVICE CHARGES e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	-		-			11,824
All other expenses Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	_					2,013
Total functional expenses. Add lines 1 through 24e 9,474,110. 7,512,375. 679,148. 1,282,587 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						13,950
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· —	-			1,282,587
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization	, ,	, , , , , ,	, - 1	, , , , , , , , , , , , , , , , , , , ,
		, , ,				
			1,234,146.	865,905.	0.	368,241

032010 12-23-20

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,308,257.	1	2,600,032.
	2	Savings and temporary cash investments			8,055,858.	2	3,756,925.
	3	Pledges and grants receivable, net			251,448.	3	439,355.
	4	Accounts receivable, net			308,426.	4	596,689.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	rsons (as defined			
		under section 4958(f)(1)), and persons described	tion 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			19,516.	8	12,007. 301,230.
⋖	9	Prepaid expenses and deferred charges			268,943.	9	301,230.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,411,710.			
	b	Less: accumulated depreciation	10b	782,765.	783,036.	10c	628,945.
	11	Investments - publicly traded securities			10,343,846.	11	13,475,995.
	12	Investments - other securities. See Part IV, line 1	48,395.	12	50,136.		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	4-1	14			
	15	Other assets. See Part IV, line 11			654,732.	15	1,812,594.
	16	Total assets. Add lines 1 through 15 (must equa			23,042,457.	16	23,673,908.
	17	Accounts payable and accrued expenses			593,576.	17	527,878.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subst					
Lia I		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	765,700.
	24	Unsecured notes and loans payable to unrelated				24	705,700.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			2,033,671.		1,366,868.
	00	of Schedule D		·····	2,627,247.		2,660,446.
	26	Total liabilities. Add lines 17 through 25		Y	2,021,241.	26	2,000,440.
es		Organizations that follow FASB ASC 958, che	ck nere				
ğ	07	and complete lines 27, 28, 32, and 33.			20,019,210.	27	20,862,462.
3al	27				396,000.	28	151,000.
βE	28	Organizations that do not follow FASB ASC 95		work hore.	330,000.	20	131,000
Ξ			oo, cne	eck nere			
٥	20	and complete lines 29 through 33.				29	
ets	29	Capital stock or trust principal, or current funds				30	
Ass	30	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated inc			20,415,210.	32	21,013,462.
Z	33	Total net assets or fund balances			23,042,457.	33	23,673,908.
	33	Total liabilities and het assets/fullu balaites			20,022,407	33	Form 990 (2020)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,64			
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,47			
3	Revenue less expenses. Subtract line 2 from line 1	3		-82			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4),41			
5	Net unrealized gains (losses) on investments	5		L,42	5,8	24.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				_		
	column (B))	10	21	L,01	3, <u>4</u>	62.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					Щ	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	7 1			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,				
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			2c	х		
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit				
	Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					1	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization POPULATION CONNECTION 94-1703155 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		iso complete r are i	•			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(-,	(-,	(-/	(-,	(-/	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	11,160,591.	15,120,677.	11,632,800.	10,378,424.	8,027,329.	56,319,821.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11,160,591.	15,120,677.	11,632,800.	10,378,424.	8,027,329.	56,319,821.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,302,934.
	Public support. Subtract line 5 from line 4.						54,016,887.
	ction B. Total Support				Γ		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	11,160,591.	15,120,677.	11,632,800.	10,378,424.	8,027,329.	56,319,821.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	360 600	207 022	202 164	465 005	400 010	4 045 500
	and income from similar sources	360,688.	207,033.	382,164.	465,895.	499,812.	1,915,592.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	26,183.	20.		14.	46,300.	72,517.
	assets (Explain in Part VI.)	20,105.	20.		14.	40,300.	58,307,930.
	Total support. Add lines 7 through 10 Gross receipts from related activities,	ata (aga inatuusti				12	78,985.
12	First 5 years. If the Form 990 is for the	•	,	fourth or fifth toy			10,303.
13	organization, check this box and stor						
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2020 (column (fl)		14	92.64 %
	Public support percentage from 2019					15	92.89 %
	33 1/3% support test - 2020. If the o					<u> </u>	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		>
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s >

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	now, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	` ,		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4							-
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					_	1
	ndar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	-	o organization's f	first seeped third	fourth or fifth toy	Voor on a continu		L
14	First 5 years. If the Form 990 is for the	· ·		•	-		.ion,
200	check this box and stop here		arcentage				
	Public support percentage for 2020 (li			oolumn (f))		15	
							9
	Public support percentage from 2019 etion D. Computation of Inves					16	(
			<u>~</u> _			147	
	Investment income percentage for 202						
	Investment income percentage from 2					18	47:
198	33 1/3% support tests - 2020. If the						17 IS not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2019. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
46:		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	etion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
c		structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 032025 01-25-21 | Schedule A (Form 990 or 990-EZ) 2020

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions					
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2020

	dule A (Form 990 or 990-EZ) 2020 POPULATION CO			9	4-1/03155 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
<u>10</u>	Line 8 amount divided by line 9 amount		I	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

POPULATION CONNECTION

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

94-1703155

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Organiza	ition type (check or	e):
Filers of:		Section:
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General l	Rule	
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	Rules	
;	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
,	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year
but it mu	st answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

POPUL	ATION CONNECTION	94-1703155	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$335,15	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 247,94	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$223,91	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

POPULATION CONNECTION

94-1703155

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$228,058.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

POPULATION CONNECTION

94-1703155

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	

Name of organization **Employer identification number** 94-1703155 POPULATION CONNECTION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

		1(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nam	ne of organ				Emı	oloyer identification number
			ION CONNECTION			94-1703155
Pa	rt I-A	Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527	organization.
2	Political ca	ampaign activity expendit	ation's direct and indirect politica ures gn activities		>	\$
Pa	rt I-B	Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
1	Enter the	amount of any excise tax	incurred by the organization unde	er section 4955		\$
2	Enter the	amount of any excise tax	incurred by organization manage	rs under section 4955	>	\$
3	If the orga	nization incurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a	Was a cor	rection made?				Yes No
		escribe in Part IV.				
Pa	rt I-C	Complete if the org	anization is exempt unde	er section 501(c),	<u> </u>	· / · ·
		, .	by the filing organization for sec	·		\$
2		0 0	ization's funds contributed to oth	· ·		
					>	\$
3			. Add lines 1 and 2. Enter here ar		_	
	line 1/b		4400 DOL (. II :		P	\$
			1120-POL for this year?			
5	made pay contribution	ments. For each organiza	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	from the filing organizate separate political organizate	ation's funds. Also enter nization, such as a sepa	the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

	dule C (Form 990 or 990-EZ) 2020 POPUI			/U3155 Page 2
Pai		on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
	section 501(h)).			
A CI	neck 🕨 📖 if the filing organization belo	ngs to an affiliated group (and list in Part IV each affiliated	l group member's nam	e, address, EIN,
	expenses, and share of exce	ess lobbying expenditures).		
B C	neck 🕨 🔲 if the filing organization chec	ked box A and "limited control" provisions apply.		
	Limits on Lol (The term "expenditures" i	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence pu	0.		
b	Total lobbying expenditures to influence a le	egislative body (direct lobbying)	0.	
С	Total lobbying expenditures (add lines 1a a	nd 1b)	0.	
d			9,474,110.	
е	Total exempt purpose expenditures (add lin	es 1c and 1d)	9,474,110.	
		ount from the following table in both columns.	623,706.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25%	of line 1f)	155,927.	
h	Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less,	enter -0-	0.	
j	If there is an amount other than zero on eith	ner line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year? .		[Yes No
		4-Year Averaging Period Under Section 501(h)		
		a section 501(h) election do not have to complete all	of the five columns b	elow.
	Se	ee the separate instructions for lines 2a through 2f.)		

occ the coparate medications for mice at an edgit any									
	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total				
2a Lobbying nontaxable amount	744,078.	672,496.	585,300.	623,706.	2,625,580.				
b Lobbying ceiling amount (150% of line 2a, column(e))					3,938,370.				
c Total lobbying expenditures	21,153.	500,695.	3,051.		524,899.				
d Grassroots nontaxable amount	186,020.	168,124.	146,325.	155,927.	656,396.				
e Grassroots ceiling amount (150% of line 2d, column (e))					984,594.				
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part		e 3, is
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year		_		
C	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the exceeds the e				
_	expenditure next year?		4		
5 Par	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	list)· Part II-	A lines 1 :	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

POPULATION CONNECTION

Employer identification number 94 - 1703155

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 200
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Similar Assats
I al	Complete if the organization answered "Yes" on Form	-	nei olilliai Assets.
10	If the organization elected, as permitted under FASB ASC 95		ad balance about works
ıa	of art, historical treasures, or other similar assets held for pul	, '	
	service, provide in Part XIII the text of the footnote to its final	,	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in further	erance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	•	ga, provido
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

032051 12-01-20

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Othe	er Sim	ilar Asse	ts(contin	nued)	
3	· ·									
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	am					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further the	he organizati	on's exe	mpt pur	pose in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	he organization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered '	'Yes" on	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other as	sets not	include	d	_		
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on	Part XIII	l				
Par	t V Endowment Funds. Complete if	f the organization an	swered "Yes" on Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three	years back	(e) Four	years b	oack
1a	Beginning of year balance	1,000.	1,000.	1	1,000.		1,000.		1,0	000.
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance	1,000.	1,000.	1	1,000.		1,000.		1,0	000.
	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:	•					
а	Board designated or quasi-endowment	•	%							
	Permanent endowment 100.0000	%	_							
		 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	red for t	he orgar	nization			
	by:							Ī	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Par										
	Complete if the organization answered		, Part IV, line 11a. S	See Form 990), Part X,	, line 10.				
	Description of property	(a) Cost or ot	ther (b) Cost	or other	(c) A	ccumula	ted	(d) Bool	k value	
	,	basis (investm		(other)	de	preciatio	n	` ,		
	Land	<u> </u>		·						
	Buildings									
	Leasehold improvements		78	9,863.		326,	998.	462	2,86	55.
	Equipment			4,467.		298 , '			5,72	
	Other			7,380.		157,			0,35	
	. Add lines 1a through 1e. (Column (d) must e					-	ightharpoonup		8,94	

Schedule D (Form 990) 2020

Part VII	Investments -	Other Securities.
Part VIII	Investments -	Other Securities

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)	<u> </u>		
(C)			
(D)			
(E)			
	_		
(G)	_		
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
	(b) Book value	(c) Method of Valuation. Cost of end-	or-year market value
(1)	 		
(2)	 		
(3)	 		
(4)	 		
(5)	 		
(6)	 		
(7)	 		
(8)	 		
(9)	 		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form 000 Port IV line	11d Con Form 000 Part V line 15	
Complete if the organization answered "Yes"	Description	Trd. See Form 990, Fart X, line 15.	(b) Book value
DEDOCTEC	Description		33,720.
(1) DEPOSITS (2) DUE FROM RELATED PARTY			1,778,874.
(-)			1,770,074.
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	 ne 15)		1,812,594.
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) GIFT ANNUITY LIABILITY			985,384.
(3) DEFERRED RENT			359,420.
(4) DUE TO RELATED PARTY			22,064.
(5)			,
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)	b	1,366,868.
2. Liability for uncertain tax positions. In Part XIII, provide			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per R	etur	n.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	10,221,612.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	1,425,824.					
b	Donated services and use of facilities	2b	163,200.					
С	Recoveries of prior year grants	2c						
d								
е	Add lines 2a through 2d			2e	1,589,024.			
3	Subtract line 2e from line 1			3	8,632,588.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,950.					
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b			4c	13,950.			
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,646,538.			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	ırn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements			1	9,623,360.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a	163,200.					
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	163,200.			
3	Subtract line 2e from line 1			3	9,460,160.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,950.					
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b			4c	13,950.			
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,474,110.			
Pa	rt XIII Supplemental Information.							
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines	1b and 2b; Part V, line	4; Parl	t X, line 2; Part XI,			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete	tional inf	formation.					
PAI	RT V, LINE 4:							
PEI	RMANENTLY RESTRICTED NET ASSETS REPRESENT T	гне і	LES CORSA FU	ND	ESTABLISHED			
IN	1988. THE INCOME EARNED ON THE INVESTMENT	OF T	THE ORIGINAL	CO	NTRIBUTIONS			
IS	IS TO BE USED TO PROVIDE AN ANNUAL AWARD FOR THE POPULATION CONNECTION							
MEI	MBER WHO HAS MADE OUTSTANDING CONTRIBUTIONS	SIN	THE FIELD O	F P	OPULATION			
POI	LICY AND FAMILY PLANNING.							

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2020, THE ORGANIZATIONS HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

Employer identification number

POPULATION CONNECTION 94-1703155

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	nts and other assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance outs	side the
	United States.		J			
3		he following Part	L line 3 table ca	an be duplicated if additional space is n	eeded)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	() 3	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	independent	gram services, investments, grants to	describe specific type	for and
			contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region			iii tiio region
				GRANT TO RECIPIENT LOCATED		
SUB	-SAHARAN AFRICA	0	0	IN REGION		20,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

0

Schedule F (Form 990) 2020

and 3b)

3 a Subtotal

b Total from continuation

sheets to Part I
c Totals (add lines 3a

20,000.

20,000.

0.

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SUB-SAHARAN							
		AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.			
								<u> </u>	
2 Enter total number of	recipient organization	Ins listed above that are	recognized as charities by the	foreign country	I recognized as a tax	<u> </u>			
								1	
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 5 Inter total number of other organizations or entities									

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if a	dditional space is neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Par	t IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes 🗓 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X No

Instructions for Form 5713; don't file with Form 990)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2020

6

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
POPCONN SUPPORTS LIKE MINDED ORGANIZATIONS WITH COMPATIBLE GOALS AND
MAKES DONATIONS TO SUPPORT THEIR MISSIONS. DONATIONS ARE NOT MONITORED
AFTER AWARD.
FOR GRANT RECIPIENTS, POPCONN REQUIRES A SIGNED GRANT AGREEMENT WHICH,
AMONG OTHER CONSIDERATIONS, REQUIRES AN ANNUAL REPORT FROM THE RECIPIENT
ORGANIZATION.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

POPULATION CONNECTION

Employer identification number 94-1703155

Part I		Complete if the organization answ	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
d la dia	required to complete this pa			.141	Ol I II - II I I - I		
		ised funds through any of the follow				•	
37	Mail solicitations				overnment grants		
					nment grants		
	Phone solicitations	g L Specia	al fundra	ıısıng	events		
d	In-person solicitations						
		or oral agreement with any individua				77	
		Part VII) or entity in connection with					
	•	ividuals or entities (fundraisers) purs	suant to	agree	ements under which	the fundraiser is to b	oe
comp	pensated at least \$5,000 by the	e organization.					
.,	e and address of individual	(ii) Activity	(iii) fundr have c	Did aiser ustody	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
(or entity (fundraiser)	(,	or con contrib	trol of	from activity	fundraiser listed in col. (i)	organization
	MASKA NEILL & COMPANY	STRATEGIC CONSULT.,	Yes	No			
- 1730 RI	HODE ISLAND AVE, NW	SEGMENTATION, CREATIVE		Х	1,401,983.	156,000.	1,245,983.
					4 404 000	456.000	4 045 000
Total					1,401,983.	156,000.	
or lice		on is registered or licensed to solicit	CONTIL	utions	s or has been notified	a it is exempt from re	egistration
		GA, HI, IL, KS, KY, MA	MD	MF:	MT MN MS N	C ND NH NJ	NV NV NM
	OR, PA, RI, SC, TN,		, 110 ,	, LIL	111 / 111 / 110 / 11	C, ND, NII, NO	,11V ,111 ,1111
J11 / O11 /	, 011, 111, 111, 100, 111,	(01) (11) (11) (11)					

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Г	ırt	of fundraising Events . Complete if the of fundraising event contributions and gr	•	-		-
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	Coi. (C)
Revenue						
Be	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
pen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa	11 rt					
		\$15,000 on Form 990-EZ, line 6a.			reperted more than	
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., ,	bingo/progressive bingo	,, ,	col. (a) through col. (c)
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes%	Yes %	
	6	Volunteer labor	└── No	∟ No	∟ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
	_					
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of thes	e states?		Yes No
		ere any of the organization's gaming licenses re			year?	Yes No
i.	' 11	Yes," explain:				
0320	82 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 POPULATION CONNECTION 94-	1703	3155	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	. Ш	Yes	└── No
	Indicate the percentage of gaming activity conducted in:	مدا	ı	0.4
	a The organization's facility		+	<u>%</u> %
	b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. [130		90
	Name			
	Address >			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
- 1	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
•	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
4-	Many disharm disharm as			
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
,	retain the state gaming license?		Yes	☐ No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
sc	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:		
()) NAME OF FUNDRAISER: LAUTMAN MASKA NEILL & COMPANY			
<u>(</u>]) ADDRESS OF FUNDRAISER:			
<u>17</u>	30 RHODE ISLAND AVE, NW STE 301, WASHINGTON, DC 20036			
(]	II) ACTIVITY: STRATEGIC CONSULT., SEGMENTATION, CREATIVE SVCS.	& F	REPO	RTING

032083 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Schedule G	(Form 990 or 990-EZ)	POPULATION	CONNECTION	94-1703155	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Information	mation (continued)			
	••	,			
-					
•					
-					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 94-1703155 POPULATION CONNECTION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) POPULATION CONNECTION ACTION FUND 2120 L STREET NW SUITE 500 WASHINGTON, DC 20037 46-3083014 501(C)(4) 2,000,000 PROGRAM SUPPORT 0 CONSERVATION THROUGH PUBLIC HEALTH 1717 K ST. NW #1050 WASHINGTON, DC 20006 501(C)(3) PROGRAM SUPPORT 37-1455761 56,500 WINGS 1043 GRAND AVE #299 ST. PAUL, MN 55105 31-1759515 501(C)(3) 50,000 0 PROGRAM SUPPORT BVM CAPACITY BUILDING INSTITUTE 3645 MARKETPLACE BLVD SUITE 130-20 PROGRAM SUPPORT EAST POINT GA 30344 82-3835203 501(C)(3) 20 000 BLUEPRINT NORTH CAROLINA 3739 NATIONAL DRIVE 27-2459538 501(C)(3) PROGRAM SUPPORT RALEIGH, NC 27612 15,000 0 SISTERSONG 1237 RALPH DAVID ABERNATHY BLVD ATLANTA, GA 30310 51-0544927 501(C)(3) 15 000 0 PROGRAM SUPPORT 10. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
GREENLATINOS							
PO BOX 60217							
WASHINGTON, DC 20039	26-3386082	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GREEN DIVERSITY INITIATIVE							
1341 G ST. 5TH FLOOR							
WASHINGTON, DC 20005	46-5220283	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
				- •			
SAFEMAINE							
РО ВОХ 752							
PORTLAND, ME 04104	01-0449907	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
TURIMIQUIRE FOUNDATION							
16 CRESCENT ST.							
CAMBRIDGE, MA 02138	04-3286660	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
PARTNERSHIP PROJECT							
PO BOX 65826	F0 01000F0	E01/G1/31	5 000				
WASHINGTON, DC 20035	52-2192070	501(C)(3)	5,000.	0.			PROGRAM SUPPORT

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re-	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
POPULATION CONNECTION GAVE A GRAN	TO A RE	LATED ORGA	ANIZATION,	POPULATION	
CONNECTION ACTION FUND. POPULATION	N CONNECT	ION IS THE	E SOLE VOTI	NG MEMBER OF	
THE ACTION FUND, AND ITS RECORD K	EEPING IS	MAINTAINE	ED BY POPUL	ATION	
CONNECTION STAFF. THEREFORE, MONIT	TORING OF	THE GRANT	IS DONE O	N A	
CONTINUOUS BASIS.					
POPCONN ALSO SUPPORTS LIKE MINDED	ORGANIZA	TIONS WITH	I COMPATIBL	E GOALS AND	
MAKES DONATIONS TO SUPPORT THEIR I	MISSIONS.	DONATIONS	S ARE NOT M	ONITORED	

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

POPULATION CONNECTION

Employer identification number 94-1703155

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Z Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_^
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only position 504/aV/2) 504/aV/4) and 504/aV/20) argonizations must complete lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of: The organization?	5a		Х
	The organization? Any related organization?	5b		X
IJ	If "Yes" on line 5a or 5b, describe in Part III.	JD		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of:			
а		6a		Х
h	The organization? Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	0.5		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9				
		9		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			21

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensation			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
(1) JOHN SEAGER	(i)	240,222.	0.	0.	14,850.	17,474.	272,546.	0.		
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.		
(2) PAMELA WASSERMAN	(i)	184,437.	4,714.	0.	11,425.	17,448.	218,024.	0.		
SENIOR VP FOR EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.		
(3) BRIAN DIXON	(i)	183,057.	4,607.	0.	10,602.	8,871.	207,137.	0.		
SR. VP FOR MEDIA & GOV. RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.		
(4) MARIA OROZCO	(i)	160,783.	4,183.	0.	9,739.	17,270.	191,975.	0.		
VP OF ADMIN. & MEMB. SVCS. /CFO	(ii)	0.	0.	0.	0.	0.	0.	0.		
(5) SHAUNA SCHERER	(i)	159,335.	4,183.	0.	9,799.	17,335.	190,652.	0.		
VP FOR MARKETING & DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.		
(6) MARIAN STARKEY	(i)	139,924.	3,800.	0.	7,684.	12,852.		0.		
VP FOR COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
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	(ii)									
	(i)									
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	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

Schedule J (Form 990) 2020	FORULATION CONNECTION	94-1703133 Pac	ıge 3
Part III Supplemental Information			
Provide the information, explanation, o	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	d 8, and for Part II. Also complete this part for any additional information.	
PART I, LINE 7:			
THE FOLLOWING BONUS	ES WERE INCLUDED ON PART VII OF THE 990:		
BRIAN DIXON	\$4,607		
SHAUNA SCHERER	\$4,183		
PAMELA WASSERMAN	\$4,714		
MARIA OROZCO	\$4,183		
MARIAN STARKEY	\$3,800		

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

POPULATION CONNECTION

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

94-1703155

Pai	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	
		арріісаріе		Form 990, Part VIII, line 1g	Horicasii contribu	ilion ai	Hount	.5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	35	357,619.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	l which isn't required to be ι	ised for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	utions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

032142 11-23-20

Schedule M (Form 990) 2020

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

POPULATION CONNECTION

Employer identification number 94-1703155

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BY EARTH'S RESOURCES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITY GROUPS, AND DRAFTING LETTERS TO THE EDITORS OF THEIR LOCAL NEWSPAPERS. OUR FACEBOOK, TWITTER, AND INSTAGRAM ACCOUNTS SHARED NEWS AND OTHER ITEMS WITH OUR FOLLOWERS, PROVIDING A DIGITAL OPPORTUNITY FOR TWO-WAY COMMUNICATIONS WITH SUPPORTERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: BEGAN HOSTING MONTHLY NATIONAL VOLUNTEER CALLS TO ENGAGE OUR DONORS AND ACTIVISTS ACROSS THE COUNTRY ON RELEVANT REPRODUCTIVE HEALTH AND RIGHTS ISSUES. TOPICS COVERED THROUGHOUT THE YEAR INCLUDED REPRODUCTIVE JUSTICE, CONVERSATIONS WITH STATE AND FEDERAL ELECTED OFFICIALS, AND THE IMPACT OF THE GLOBAL GAG RULE AROUND THE WORLD.

ENGAGED 1,075 ACTIVISTS FROM ACROSS THE U.S. DURING OUR VIRTUAL CAPITOL HILL DAYS ADVOCACY WEEKEND, THROUGH A DIGITAL KICKOFF CALL AND A VIRTUAL DAY OF ACTION IN WHICH ADVOCATES CALLED, EMAILED, AND TWEETED AT THEIR ELECTED OFFICIALS. WE SHARED RECORDED Q&A'S WITH REPRODUCTIVE HEALTH AND RIGHTS AND GRASSROOTS ORGANIZING EXPERTS, AND OUR STAFF SHARED A RECORDED HOW TO LOBBY TRAINING. OUR GROUP MET WITH 23 HOUSE AND SENATE OFFICES IN OUR TARGET STATES TO ADVOCATE FOR A GREATER U.S. INVESTMENT IN INTERNATIONAL FAMILY PLANNING, SUPPORT FOR UNFPA, AND A PERMANENT LEGISLATIVE BAN ON THE GLOBAL GAG RULE. WE ALSO HOSTED A TWITTER RALLY FOCUSED ON WHY WE #FIGHT4HER, WHICH OVER 2,000 PEOPLE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

POPULATION CONNECTION	94-1703155
PARTICIPATED IN, WHICH HAD OVER 14,000 ENGAGEMENTS, AND H	REACHED OVER
9.2 MILLION PEOPLE.	
IN DECEMBER, WE ASKED OUR SUPPORTERS TO SUBMIT COMMENTS	IN OPPOSITION
TO THE TRUMP ADMINISTRATION'S PROPOSED EXPANSION OF THE C	GLOBAL GAG
RULE. 499 PEOPLE SUBMITTED COMMENTS OPPOSING THIS EXPANSI	ION.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	ENTS:
- HELD ONE VIRTUAL LEADERSHIP INSTITUTE WHERE 21 NEW VOLU	JNTEERS WERE
TRAINED TO FACILITATE POP-ED WORKSHOPS.	
- JUDGED 2,593 STUDENT VIDEO SUMISSIONS TO THE 9TH ANNUAL	WORLD OF 7
BILLION CONTEST FOR MIDDLE AND HIGH SCHOOL STUDENTS, COVE	ERING THE
TOPICS OF IMPROVING CLIMATE RESILIENCY, ENSURING ECONOMIC	
OPPORTUNITIES, AND SUSTAINING WATER SYSTEMS.	
- FACILITATED A GRADUATE-LEVEL ONLINE COURSE FOR 44 MIDDI	LE AND HIGH
SCHOOL SCIENCE AND SOCIAL STUDIES TEACHERS THROUGH ADAMS	STATE
UNIVERSITY DURING THE SUMMER AND FALL SEMESTERS (2 OFFER)	INGS).
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
MEMBERSHIP: SUCCESS IN THE AREAS OF ADVOCACY AND PUBLIC I	EDUCATION
DEPENDS LARGELY ON THE SUPPORT AND DEDICATION OF THE ORGA	ANIZATION'S
MEMBERS. WE HAVE 40,000 MEMBERS ACROSS THE NATION, HELPIN	NG REACH OUR
GOALS BY (PRE-PANDEMIC) INFORMING THE PUBLIC ON POPULATION	ON ISSUES AT
LOCAL COMMUNITY EVENTS, HOSTING FILM SCREENINGS, DISTRIBU	
MAGAZINE, WRITING LETTERS TO THE EDITOR OF LOCAL NEWSPAPE	
	edule O (Form 990 or 990-EZ) 2020

Name of the organization

Employer identification number

POPULATION CONNECTION 94-1703155 AND GATHERING SIGNATURES FOR PETITIONS. WE SUPPORT OUR MEMBERS BY PROVIDING MATERIALS FOR THEIR DISTRIBUTION, PAYING REGISTRATION AND LOGISTICAL FEES FOR LOCAL EVENTS SUCH AS EARTH DAY, HOLDING TRAINING AND INFORMATION SESSIONS, RESPONDING TO THEIR CORRESPONDENCE AND REQUESTS FOR INFORMATION, AND ORDERS FOR OUR PRODUCTS AND/OR PUBLICATIONS. DURING THE PANDEMIC, IN-PERSON EVENTS WERE CANCELED, AND WE SHIFTED TO ALL VIRTUAL EVENTS FOR OUR MEMBERS AND THE PUBLIC, INCLUDING EXPERT SPEAKER SERIES, A FOUR-PART COURSE ON CLIMATE CHANGE AND POPULATION, A POPULATION BOOK CLUB, AND ONLINE FILM SCREENINGS. EXPENSES \$ 1,683,877. INCLUDING GRANTS OF \$ 36,899. REVENUE \$ 10,125. GOVERNMENT RELATIONS: TO INFORM CONGRESS AND THE ADMINISTRATION ABOUT POPULATION ISSUES AND TO ADVOCATE THE ADOPTION OF MEASURES TO MOVE THE UNITED STATES AND THE WORLD TOWARDS STABILIZING POPULATION; TO INFLUENCE POPULATION-RELATED LEGISLATION; TO MOBILIZE MEMBERS TO TAKE ACTION. 2020 HIGHLIGHTS: IN 2020, POPULATION CONNECTION CONTINUED TO GROW OUR PARTNERSHIPS WITH INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS WHOSE WORK COMPLEMENTS OUR MISSION, ESPECIALLY GROUPS THAT WERE SUFFERING FROM FUNDING SLASHED BY THE TRUMP ADMINISTRATION. THIS YEAR, WE PARTNERED WITH CONSERVATION THROUGH PUBLIC HEALTH (CTPH) IN UGANDA; WINGS GUATEMALA; AND STRETCHERS YOUTH ORGANISATION IN KENYA. WHILE THE VAST MAJORITY OF OUR WORK TAKES PLACE IN THE US, THESE PARTNERSHIPS CALL ATTENTION TO THE OBSTACLES FACED AS THEY MEDIATE

Schedule O (Form 990 or 990-EZ) 2020

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HUMAN-ANIMAL RELATIONSHIPS (CTPH), PROVIDE REPRODUCTIVE HEALTH CARE

BASED IN THEIR OWN COMMUNITIES; THE COVID-19 PANDEMIC MADE THE YEAR

(WINGS GUATEMALA), AND EDUCATE YOUTH (STRETCHERS). THE GROUPS ARE ALL

Name of the organization POPULATION CONNECTION Employer identification number 94-1703155

ESPECIALLY DIFFICULT. THEY ALL, HOWEVER, REACHED THEIR GOALS.

CONSERVATION THROUGH PUBLIC HEALTH: CTPH ENABLES THE SAFE AND HEALTHY

COEXISTENCE BETWEEN HUMANS, GORILLAS, AND OTHER WILDLIFE LIVING IN

"CLOSE QUARTERS" BY PROMOTING AND MANAGING BIODIVERSITY CONSERVATION

AND HELPING THE HUMAN COMMUNITY ACCESS HEALTH SERVICES. THIS IMPROVES

LIVELIHOODS AND CONSERVES CRITICAL ECOSYSTEMS--A PERFECT FIT FOR

POPULATION CONNECTION'S MISSION TO BALANCE POPULATION AND THE

ENVIRONMENT.

OUR GRANT TO CTPH HELPED THE ORGANIZATION FULFILL ITS GOALS TO TRAIN

THEIR HEALTH AND CONSERVATION TEAMS (VILLAGE HEALTH AND CONSERVATION

TEAMS) AND THE TEAMS MEDIATING RELATIONS BETWEEN HUMANS AND GORILLAS

(GORILLA GUARDIANS). THE GOALS: 1) PREVENT COVID-19 FROM SPREADING

AMONG PEOPLE, AND FROM PEOPLE TO WILDLIFE; AND 2) CONTINUE TO ADVOCATE

FOR POLICIES ENCOURAGING THE BALANCE BETWEEN NATURAL RESOURCES AND

HUMANS.

CTPH'S PAID AND VOLUNTEER TEAMS MET WITH 4,400+ HOUSEHOLDS TO PROVIDE

INFORMATION ON CONSERVATION, DISEASE, AND CONTROL OF COVID-19 AND OTHER

INFECTIOUS DISEASES. MEETINGS ALSO COVERED FAMILY PLANNING MATTERS, AND

SANITATION AND HYGIENE PRACTICE. CTPH'S EVALUATIONS REPORTED POSITIVE

RESULTS, INCLUDING AN INCREASE IN HAND WASHING FACILITIES AND

CONCURRENT HAND WASHING.

AND GORILLAS AND INCREASED THE NUMBER OF COMMUNITY MEMBERS ACCESSING

BASIC HEALTH CARE, FAMILY PLANNING, AND CONSERVATION INFORMATION AND

Schedule O (Form 990 or 990-EZ) 2020

14040716 745960 40101

Name of the organization

Employer identification number

POPULATION CONNECTION 94-1703155

SERVICES. IT ALSO REDUCED UNMET NEED FOR FAMILY PLANNING. THERE WAS

EVEN A MINI "GORILLA BABY BOOM" IN THE NATIONAL FOREST, WITH MORE THAN

12 BABY GORILLAS BORN WITHIN SEVEN MONTHS-A SIGN THAT THE GORILLA

POPULATION IS STABLE.

WINGS GUATEMALA: WINGS GUATEMALA PROVIDES QUALITY REPRODUCTIVE HEALTH

EDUCATION AND SERVICES TO UNDERSERVED, PRIMARILY RURAL, GUATEMALAN

YOUTH, WOMEN, AND MEN. WINGS IS AN EXCELLENT PARTNER FOR POPULATION

CONNECTION. BY SERVING LOCAL COMMUNITIES, IT ALLOWS WOMEN AND FAMILIES

TO CONTROL THEIR FERTILITY, THEREBY SLOWING GUATEMALA'S RAPIDLY GROWING

POPULATION, AND LOWERING THE USE OF NATURAL RESOURCES.

ONE IN THREE (33%) OF INDIGENOUS WOMEN HAS NO ACCESS TO HEALTH AND

FAMILY PLANNING SERVICES. AND 80% OF GUATEMALA'S INDIGENOUS POPULATION

LIVES IN POVERTY-IN PART DUE TO THIS UNMET NEED. POPULATION

CONNECTION'S SUPPORT HELPS WINGS BRING ESSENTIAL REPRODUCTIVE HEALTH

CARE TO THE COMMUNITY VIA MOBILE MEDICAL UNITS, STATIONARY CLINICS,

SATELLITE TEAMS, AND BY PARTNERING WITH LOCAL HOSPITALS.

THE ORGANIZATION OFFERS ACCESS TO THE FULL RANGE OF TEMPORARY AND

PERMANENT CONTRACEPTION, AS WELL AS GENERAL REPRODUCTIVE HEALTH

SERVICES, INCLUDING CERVICAL CANCER PREVENTION SERVICES AND TREATMENT

FOR COMMONLY OCCURRING SEXUALLY TRANSMITTED INFECTIONS (STIS).

UNFORTUNATELY, COVID-19 HAS HAD A TERRIBLE IMPACT ON GUATEMALANS'

HEALTH, ECONOMIC STABILITY, AND EQUITY. FURTHER, WINGS WAS FORCED TO

SUSPEND ITS FIELD WORK FROM MARCH - JUNE 2020.

ONCE WINGS REOPENED, IT ADHERED TO SAFETY RULES, AND RETURNED TO

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** POPULATION CONNECTION 94-1703155 PROVIDING REPRODUCTIVE HEALTH SERVICES, INCLUDING EDUCATIONAL TALKS, PRIVATE COUNSELING, ALL LONG-ACTING REVERSIBLE CONTRACEPTION, CERVICAL CANCER SCREENING/TREATMENT, AND PERMANENT BIRTH CONTROL PROCEDURES. IN 2020, WINGS' ACCOMPLISHMENTS INCLUDED PROVIDING CLIENTS WITH 540 TUBAL LIGATIONS, 2,354 SUBDERMAL HORMONAL IMPLANTS, 1,890 MONTHLY INJECTIONS, 1660 BIRTH CONTROL PACKETS, AND 25,458 CONDOMS. THE ESTIMATED IMPACT OF THESE METHODS WAS TO PREVENT 11,149 UNINTENDED PREGNANCIES, 55 CHILD DEATHS, AND THREE MATERNAL DEATHS. STRETCHERS YOUTH ORGANIZATION: STRETCHERS, IS A MEMBERSHIP, YOUTH-LED COMMUNITY-BASED NONPROFIT THAT PROMOTES HEALTH RIGHTS, GOOD GOVERNANCE, AND GENDER EQUALITY AMONG INDIGENOUS YOUTH AND WOMEN IN UNDERSERVED SECTIONS OF KENYA. STRETCHERS WORKS ON INTEGRATION OF CAPACITY BUILDING, AS WELL AS ADVOCACY AND INFORMATION SHARING THROUGH LINKAGE TO SERVICES FOR A SUSTAINABLE SOCIETY. THE GROUP'S GOALS TO IMPROVE HEALTH, GOVERNANCE, GENDER EQUALITY, AND SUSTAINABILITY MAKES IT AN EXCELLENT PARTNER FOR POPULATION CONNECTION.

IN 2020, POPULATION CONNECTION SPONSORED PROJECT K.I.B.E. (KIJANA IMARIKA BONGA ELIMIKA) IN MOMBASA COUNTY IN KENYA. INTENDED TO IMPROVE THE SEXUAL AND REPRODUCTIVE HEALTH OF CHILDREN AND ADOLESCENTS, 10 - 24 YEARS OF AGE, STRETCHERS' GOAL WAS TO STRENGTHEN HIV AND SRH SERVICES AND COMMUNITY SYSTEMS. MOMBASA'S YOUNG PEOPLE HAVE MANY HEALTH PROBLEMS, WITH THE MAIN ISSUES ENCOMPASSING SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS, DRUG AND SUBSTANCE ABUSE, TEEN PREGNANCY, AND SEXUAL AND GENDER BASED VIOLENCE.

Name of the organization **Employer identification number** POPULATION CONNECTION 94-1703155 PROJECT KIBE'S ACTIVITIES -- MOSTLY VIRTUAL DUE TO THE PANDEMIC-WERE INTENDED TO INVOLVE THEIR CONSTITUENTS IN STRETCHERS' EDUCATIONAL PROGRAMS. ACTIVITIES INCLUDED PUBLICIZING THE PROJECT THROUGH OUTREACH; HOLDING CELEBRATIONS OF WOMEN'S EMPOWERMENT LIKE INTERNATIONAL WOMEN'S DAY AND DAY OF THE AFRICAN CHILD, ETC. FURTHER, STRETCHERS RAISED ISSUES THROUGH THE MAJOR SOCIAL MEDIA PLATFORMS. ONE OF THE ORGANIZATION'S YOUNG ACTIVISTS DID A LIVE BROADCAST ABOUT TEENAGE

DESPITE COVID-19 PREVENTING MOST IN-PERSON PROGRAMS, STRETCHERS MET ITS 202 GOALS. THE GROUP REACHED 773 (251 MALES/522 FEMALES) ADOLESCENT AND YOUNG PEOPLE. THROUGH COMMUNITY YOUTH VILLAGES, COMMUNITY DIALOGUE, INTERNATIONAL DAYS, GATHERINGS, AND EVENTS, THEY LEARNED TO ADVOCATE FOR SRHR.

EXPENSES \$ 265,786. INCLUDING GRANTS OF \$ 28,207. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

PREGNANCY ON KBC-TV (KENYA BROADCASTING COMPANY).

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE PRESIDENT AND BOARD MEMBERS. A COPY OF THE FINAL 990 WAS GIVEN TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

POPULATION CONNECTION MONITORS AND ENFORCES COMPLIANCE OF A WRITTEN CONFLICT OF INTEREST POLICY WITH ITS BOARD OF DIRECTORS AND STAFF MEMBERS. DIRECTORS AND STAFF ARE REQUIRED TO PERIODICALLY DISCLOSE CONFLICTS, SHOULD THEY ARISE.

IF A CONFLICT ARISES, IT IS BROUGHT IMMEDIATELY TO THE ATTENTION OF BOTH 032212 11-20-20

40101 1

PARTICIPATE IN THE VOTE.

Name of the organization

POPULATION CONNECTION

THE CHAIR AND THE PRESIDENT. IF THE BOARD IS TO TAKE ACTION IN SUCH A

SITUATION, THE PERSON HAVING A CONFLICT DOES NOT PARTICIPATE IN THE FINAL

DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION AND,

AFTER PROVIDING ALL RELEVANT INFORMATION REGARDING THE MATTER, RETIRES FROM

THE PROCEEDINGS AND ROOM IN WHICH THE BOARD IS MEETING AND DOES NOT

WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT EXISTS, SUCH MATTER IS

RESOLVED BY THE BOARD IN AN OFFICIAL VOTE, EXCLUDING FROM THE VOTE THE

PERSON WHO MAY HAVE A CONFLICT. THE BOARD SEEKS SUCH OUTSIDE COUNSEL OR

LEGAL ADVICE AS IT DEEMS NECESSARY IN ORDER TO BETTER ENABLE IT TO MAKE A

DECISION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPARABLE DATA WAS USED BY THE BOARD TO DETERMINE THE CEO'S SALARY.

SIMILAR ORGANIZATIONS WERE EXAMINED TO ASCERTAIN COMPARABLE LEVELS OF

COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. THE BOARD DETERMINES THE

COMPENSATION OF THE CEO AND THE DECISION IS DOCUMENTED. THE LAST

COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MN,MS,NH,NM,NJ,NY,NC,OR,PA,RI,SC,TN,UT,VA

WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

POPULATION CONNECTION	94-1703155
FORM 990, PART X, LINE 24:	
ON APRIL 17, 2020, POPULATION CONNECTION RECEIVED LOAN PR	OCEEDS IN THE
AMOUNT OF \$765,700 UNDER THE PAYCHECK PROTECTION PROGRAM.	THE
PROMISSORY NOTE CALLS FOR MONTHLY PRINCIPAL AND INTEREST	PAYMENTS
AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEF	ERRAL OF
PAYMENTS FOR THE FIRST SIX MONTHS. UNDER THE CORONAVIRUS	AID, RELIEF,
AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOT	E MAY BE
FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION IN WHOLE OR	IN PART.
POPULATION CONNECTION INTENDS TO USE THE PROCEEDS FOR PUR	POSES
CONSISTENT WITH THE PAYCHECK PROTECTION PROGRAM AND BELIE	VES THAT ITS
USE OF THE LOAN PROCEEDS WILL MEET THE CONDITIONS FOR FOR	GIVENESS OF
THE LOAN. POPULATION CONNECTION INTENDS TO APPLY FOR FORG	IVENESS AFTER
COMPLETING THE 24-WEEK PERIOD. IF FORGIVENESS IS GRANTED,	POPULATION
CONNECTION WILL RECORD REVENUE FROM DEBT EXTINGUISHMENTS	DURING THE
PERIOD THAT FORGIVENESS IS APPROVED.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

POPULATION CONNECTION Employer identification number 94-1703155

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco		(e) /ear assets	(f) Direct controlling		3
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34,	pecause it had	one or more	e related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charistatus (if sect 501(c)(3))	· 1	(f) ect controlling entity	contr	g) 512(b)(13) rolled iity?
POPULATION CONNECTION ACTION FUND - 46-3083014, 2120 L STREET NW, #500,	EDUCATES & ADVOCATES PROGRESSIVE ACTION TO				POPUL#	ATION	res	NO
WASHINGTON, DC 20037 POPULATION CONNECTION ACTION FUND PAC -	STABILIZE THE HUMAN	DISTRICT OF COLUMBIA	501(C)(4)	N/A	CONNEC POPUL <i>A</i>		X	
61-1739943, 2120 L STREET NW, #500, WASHINGTON, DC 20037	ORGANIZES SUPPORT FOR POLITICAL CANDIDATES	DISTRICT OF COLUMBIA	527	N/A		CTION ACTION	x	
								1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

arı ili	Identification of Related Orgorganizations treated as a pair		ership. Complete if t	the organization answe	ered "Yes" on Forr	m 990, Part IV, line	34, becaus	e it had one or moi	re related	ţ
										_

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Disproportionate allocations?			Genera	orPercentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo
											<u> </u>

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	(i) Section 512(b)(13) controlled entity?	
		country)		,				Yes	No	
								/		
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Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions		_				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х	
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)						Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ				11		Х
	Performance of services or membership or fundraising solicitations by related organ						Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q	X	
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	his line, including covered relat	ionships and transaction thresholds.			
	(a)	(b)	(c)	(d) Mothod of determining amount inv	volvod		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) POPULATION CONNECTION ACTION FUND	A	1,105.	BOOK VALUE
(2) POPULATION CONNECTION ACTION FUND	В	2,000,000.	BOOK VALUE
(3) POPULATION CONNECTION ACTION FUND	D	116,564.	BOOK VALUE
(4) POPULATION CONNECTION ACTION FUND	N	162,245.	BOOK VALUE
(5) POPULATION CONNECTION ACTION FUND	0	932,519.	BOOK VALUE
(6) POPULATION CONNECTION ACTION FUND	Q	1,000,000.	BOOK VALUE

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(r	1)	(i)	(j)	(k	()
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	l or Percer	ntage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partn	owner owner	rsnip
		Country)	Sections 5 (2-5 (4)	Yes N	o income	assets	Yes	No	(F01111 1065)	Yes I	10	
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032165 10-28-20 Schedule R (Form 990) 2020

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	POPULATION CONNECTION 2120 L STREET, NW NO. 500 WASHINGTON, DC 20037-1534
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	BALANCE DUE OF \$25.00
Make check payable to	DEPARTMENT OF LAW
Mail tax return and check (if applicable) to	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).
	THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2020

Open to Public Inspection

1.General	Information
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For Fiscal Year Beginning		/v) 01/01/	2020 and Ending (r	mm/dd/yyyy) 12/31/2	2020		
· i	Name of Org	• • • • • • • • • • • • • • • • • • • •	ZUZU and Ending (i	1111/UU/yyyy) 12/31/2	Employer Identification Number (EIN):		
Address Change		ATION CON	NECTION		94-1703155		
Name Change Initial Filing	Mailing Add 2120 I		NW, NO. 500		NY Registration Number: 15-02-12		
Final Filing Amended Filing	City / State . WASHI	/ZIP: NGTON, DC	20037-1534		Telephone: 202 332-2200		
Reg ID Pending	Website:	OPULATION	CONNECTION.OR	G	Email: INFO@POPCONNECT.ORG		
Check your organization's registration category:	X 7A or	nly EPTL	only DUAL (7A &		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		
2. Certification							
See instructions for certification two signatories.	cation requir	rements. Imprope	certification is a violation	of law that may be subject	to penalties. The certification requires		
We certify under p	enalties of pe	erjury that we revi	ewed this report, including	all attachments, and to the	e best of our knowledge and belief,		
				of the State of New York a			
President or Authorized (Officer:			JOHN SEAGEE PRESIDENT 8			
		Signature		Print Name			
		-		MARIA OROZO	CO-MARQUEZ		
Chief Financial Officer or	Treasurer:			CFO			
		Signature		Print Name	e and Title Date		
3. Annual Reporting	Exempti	on					
	-		organization is claiming an	exemption under one cate	egory (7A or EPTL only filers) or both		
• • • •		, ,	•	•	led Char500. No fee, schedules, or		
					e exemption, you must file applicable		
schedules and attachmen	ts and pay a	applicable fees.					
			-		overnment agencies, etc. did not		
		ie organization did e fiscal year.	not engage a professiona	al tund raiser (PFR) or tund	raising counsel (FRC) to solicit		
Contribution	no danng an	o noodi your.					
3b. EPTL fi during the		on: Gross receipt	s did not exceed \$25,000	and the market value of as	sets did not exceed \$25,000 at any time		
4. Schedules and At	ttachmen	ts					
See the following page	□ □						
for a checklist of	_ Yes				raising counsel or commercial co-venturer		
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.							
attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
complete your filing. Yes A No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
5. Fee							
See the checklist on the	7A filin	g fee:	EPTL filing fee:	Total fee:	Make a single check or money order		
next page to calculate you	ır				Make a single check or money order payable to:		
fee(s). Indicate fee(s) you		25	•		"Department of Law"		
are submitting here:	\$	25.	\$	\$25.			

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

068451 01-07-21 1019

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our rever filing year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Publ Review Report if you received total revenue and support greater than \$250,0 X Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and sup We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	00 and up to \$750,000.) port is less than \$250,000
Calculate Your Fee	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	activities for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

068461 01-07-21 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

Page 2

** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For ti	ne 2020 calendar year, or tax year beginning	and ending								
В	Check applica	f C Name of organization	C Name of organization								
	Add										
	Nam char			94-17031	.55						
	Initia retui Fina retui	Number and street (or P.U. DOX If Mail is not delivered to street address)	Room/sui 500	te E Telephone number (202)332							
	term	in	<u> </u>	G Gross receipts \$	20,279,805.						
	Ame	anded $WACHTMCHOM$ DC 20027_1524		H(a) Is this a group							
	App tion	F Name and address of principal officer: OTH SEAGER		for subordinate	s? Yes X No						
	pen	SAME AS C ABOVE		H(b) Are all subordinates							
T	Tax-e	xempt status: $X = 501(c)(3) = 501(c)() $ (insert no.) $= 4947(c)(3) = 4947(c)(3)$	(a)(1) or 5		a list. See instructions						
J	Webs	www.populationconnection.org		H(c) Group exemption	on number 🕨						
K	Form	of organization: X Corporation Trust Association Other	∟ Ye	ar of formation: 1968	M State of legal domicile: DC						
P	art I	-									
Ф	1	Briefly describe the organization's mission or most significant activities: SI	EE PART	III, LINE 1.							
Š											
Activities & Governance	2	Check this box if the organization discontinued its operations or c	disposed of mo	ore than 25% of its net a							
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	13						
ত	4	Number of independent voting members of the governing body (Part VI, line	e 1b)	4	13						
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	45						
ξ	6	Total number of volunteers (estimate if necessary)			177						
Ę	7 8	a Total unrelated business revenue from Part VIII, column (C), line 12									
_	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
				Prior Year	Current Year						
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		10,378,424.							
enc	9	Program service revenue (Part VIII, line 2g)		7,921.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		488,146.							
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,789.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	10,912,280.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		95,201.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5-10)	3,971,087.							
Expenses	16	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	156,000.	156,000.						
ğ	· 1	Total fundraising expenses (Part IX, column (D), line 25) 1,282	<u>2,587.</u>								
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,483,717.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,706,005.							
_	19	Revenue less expenses. Subtract line 18 from line 12		2,206,275.	-827,572.						
t Assets or	3			Beginning of Current Year	End of Year						
Set	20	Total assets (Part X, line 16)		23,042,457.							
A	21	Total liabilities (Part X, line 26)		2,627,247.							
Ret	_			20,415,210.	21,013,462.						
	art I										
		nalties of perjury, I declare that I have examined this return, including accompanying scl			ny knowledge and belief, it is						
true	e, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information	n of which prepa	rer has any knowledge.							
		Signature of officer		Doto							
Sig	yn -	'		Date							
He	re	JOHN SEAGER, PRESIDENT & CEO									
		Type or print name and title		Date Check	PTIN						
_		Print/Type preparer's name Programme Programme Preparer's signature		Date Check [
Pai		RICHARD J. LOCASTRO, CPA		self-emplo							
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN) NT	Firm's EIN ▶	52-1392008						
Us	e Only		M		001 \ 001 0000						
_		BETHESDA, MD 20814-2930		Phone no. (3	951-9090						
Ma	w the	IRS discuss this return with the preparer shown above? See instructions			X Ves No						

Bieley describe the organization's messor: OVERPOPULATION CONNECTION IS THE NATIONAL GRASSROOTS POPULATION OVERPOPULATION CONNECTION IS THE NATIONAL GRASSROOTS POPULATION ORGANIZATION THAT EDUCATES YOUNG PEOPLE AND ADVOCATES PROGRESSIVE ACTION TO STABILIZE WORLD POPULATION AT A LEVEL THAT CAN BE SUSTAINED Did the organization undertake any significant program services during the year which were not listed on the prior form 300 r500 £27 If 'Yes,' describe these new services on Schedule O. Did the organization case conducting, or made significant changes in how it conducts, any program services?	Pa	rt III Statement of Program Service Accomplishments
OVERPOPULATION THREATENS THE QUALITY OF LIFE FOR PEOPLE EVERYWERE. POPULATION CONNECTION IS THE NATIONAL GRASSROOTS POPULATION GRGANIZATION THAP EDUCATES YOUNG PEOPLE AND ADVOCATES PROGRESSIVE ACTION TO STABILIZE WORLD POPULATION AT A LEVEL THAT CAN BE SUSTAINED Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990£2? If Yes, 'Generic these new services on Schedule O. 10 He Yes, 'Generic these new services on Schedule O. 11 Yes, 'Generic these consecutioning, or make significant changes in how it conducts, any program services, as measured by expenses. 12 Both the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 13 Section 901(6)(3) and 901(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 14 (cost. 'Quality organization's program service reported. 15 (Cost. 'Quality organization's program service reported. 16 (Cost. 'Quality organization's program service reported. 17 (Communications): To KebP POPULATION CONNECTION MEMBERS AND SUPPORTERS, organization. 18 (Cost. 'Quality organization's AND JOURNALISTS UP-70-DATE ON U.S. AND GLOBAL POPULATION ISSUES. 2020 HIGHLIGHTS INCLUDE: POPULATION CONNECTION PUBLISHED FOUR ISSUES OF POPULATION CONNECTION MEMBERS AND SUPPORTERS. OR CIRCULATION OF APPROXIMATELY 65, 000. HARD COPIES ARE RECEIVED BY POPULATION CONNECTION WEBSITE, RANGING IN TOPIC FROM CLIMATE CHANGE TO PANDROLL OR CONNECTION WEBSITE, RANGING IN TOPIC FROM CLIMATE CHANGE TO PANDROLL OR HARD FROM THE POPULATION CONNECTION WEBSITE, RANGING IN TOPIC FROM CLIMATE CHANGE TO PADDROLL OR HARD FROM THE RESERVE OF CONTRACEPTION. WE RESPONDED TO HUNDREDS OF INFORMATION REQUESTS FROM STUDENTS, DONORS, AND MEMBERS OF HARD FROM THE SUPPORT OR CONNECTION TOPIC FROM CLIMATE CHANGE TO PADDROLL OR CONNECTION SPORT THE PAST THE POPULATION CONNECTION WEBS		Check if Schedule O contains a response or note to any line in this Part III
POPULATION CONNECTION IS THE NATIONAL GRASSROOTS POPULATION ORGANIZATION THAT EDUCATES YOUNG PEOPLE AND ADVOCATES PROGRESSIVE ACTION TO STABILIZE WORLD POPULATION AT A LEVEL THAT CAN BE SUSTAINED DID for cognization undertake any significant program services during the year which were not listed on the prior form \$90 or \$900£27 If "Yes," describe these new services on Schedule O. 10 but the cognization to pagnation case occurring the year which were not listed on the prior form \$90 or \$900£27 If "Yes," describe these new services on Schedule O. 10 but the cognization to ground significant changes in how it conducts, any program services, as measured by expenses. Section \$50 (16)(8) and \$50 (16)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section \$50 (16)(8) and \$50 (16)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. Section \$50 (16)(8) and \$50 (16)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service services and the reverse of the services of the ser	1	
ORGANIZATION THAT EDUCATES YOUNG PEOPLE AND ADVOCATES PROGRESSIVE ACTION TO STABILIZE WORLD POPULATION AT A LEVEL THAT CAN BE SUSTAINED 2 Did the organization undertake any significant program services during the year which were not listed on the proferm 900 of 900 E27 If Yes, 'describe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services. ☐ Yes (X No if Yes, 'describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(68) and 501(64) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (Costs. ') (Sepanses 2, 004, 100. Including grants of 4 89, 584.) (Powerses 2, 100 MINIOTATIONS: TO KEEP POPULATION CONNECTION MEMBERS AND SUPPORTERS, COMMUNICATIONS: TO KEEP POPULATION CONNECTION MEMBERS AND SUPPORTERS, FEDERAL DECISIONMAKERS, AND JOURNALISTS UP-TO-DATE ON U.S. AND GLOBAL POPULATION OF APPROXIMATELY 66,000, HARD COPIES ARE RECEIVED BY POPULATION OF APPROXIMATELY 66,000, HARD COPIES ARE RECEIVED BY POPULATION CONNECTION MEMBERS, EVERY MEMBER OF CONGRESS AND OVER 3,000 PUBLIC AND UNIVERSITY LIBRABIES. OUR STAPP PUBLISHED ADD CONNECTION THE POPULATION CONNECTION WEBSITE, RANGING UNIVERSITY LIBRABIES. OUR STAPP PUBLISHED AS BLOG POSTS ON THE POPULATION CONNECTION WEBSITE, RANGING UN TOPPIC PROM CLIMATE CHANGE TO PANDEMICS TO HEALTH INSURANCE COVERAGE OF CONTRACEPTION. WE RESPONDED TO HUNDREDS OF IMPORMATION ACCUSED SHOW THE POPULATION CONNECTION FOR THE FOR PEOPLE WRITTING ACADEMIC PAPERS, DEVELOPING PRESENTATIONS FOR THEIR (Code 1) (Code 2)		
ACTION TO STABILIZE WORLD POPULATION AT A LEVEL THAT CAN BE SUSTAINED Did the organization undertake any significant program services during the year which were not listed on the prior from \$90 or 990-627 If "Yes," describe these new services on Schedule O. Do the organization operation cease conducting, or make significant changes in how it conducts, any program services? Ves X No if "Yes," describe these changes on Schedule O. Describe the organization so program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. COMMUNICATIONS: TO KEEP POPULATION CONNECTION MEMBERS AND SUPPORTERS, FEDERAL DECISIONMAKERS, AND JOURNALISTS UP-TO-DATE ON U.S. AND GLOBAL POPULATION IN SUBJECTION PUBLISHED FOUR ISSUES. 202 OHIGHLIGHTS INCLUDE: POPULATION CONNECTION PUBLISHED FOUR ISSUES. 202 OHIGHLIGHTS INCLUDE: POPULATION CONNECTION PUBLISHED FOR SERVICE WITH PROPULATION CONNECTION MEMBERS. SEVERY MEMBER OF CONGRESS AND OVER 3,000 PUBLIC AND UNIVERSITY LIBRARIES. OUR STAFF PUBLISHED 28 BLOG FOSTS ON THE POPULATION CONNECTION WEBSITS. RANGING IN TOPIC FROM CLIMATE CHANGE TO PANDEMICS TO HAND THE POPULATION CONNECTION WEBSITS. RANGING IN TOPIC FROM CLIMATE CHANGE TO PANDEMICS TO HAND THE POPULATION CONNECTION WEBSITS. RANGING IN TOPIC FROM CLIMATE CHANGE TO PANDEMICS TO HEALTH INSURANCE COVERAGE OF CONTRACEPTION. WE RESPONDED TO HUNDREDS OF INFORMATION REQUESTS FROM STUDENTS, DONORS, AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATIONAL RESOURCE FOR PEOPLE WITHING ACADEMIC PAPERS, DEVELOPING PRESENTATIONS TOPOLITIES NATIONAL PROPOLITIES NATIONAL PROPOLITIE		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 Yes X No 1 Yes, 'describe these cheew services on Schedule O. 2 Did the organization cease conducting, or make significant changes in how it conducts, any program services.		
prior Form 990 or 990 EZ? If 17'es, 16'escrible these new services on Schedule O. If 17'es, 16'escrible these new services on Schedule O. If 17'es, 16'escrible these changes on Schedule O. If 17'es, 16'escrible these changes on Schedule O. Describle the organization by program service accomplishments for each of its three largest program services, as measured by expenses. Section 50'l(c)(3) and 50'l(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (cose		ACTION TO STABILIZE WORLD POPULATION AT A LEVEL THAT CAN BE SUSTAINED
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PUBLIC AND UNIVERSITY LIBRARIES. OUR STAFF PUBLISHED 28 BLOG POSTS ON THE POPULATION CONNECTION WEBSITE, RANGING IN TOPIC FROM CLIMATE CHANGE TO PANDEMICS TO HEALTH INSURANCE COVERAGE OF CONTRACEPTION. WE RESPONDED TO HUNDREDS OF INFORMATION REQUESTS FROM STUDENTS, DONORS, AND MEMBERS OF THE GENERAL PUBLIC, ACTING AS AN INFORMATIONAL RESOURCE FOR PEOPLE WRITING ACADEMIC PAPERS, DEVELOPING PRESENTATIONS FOR THEIR 1,787,177. **mcdudeng quests of \$1,602,942.) (**equence** 2,787,177.) **mationwide in building and sustaining state and local educational, media and lobbying efforts on behalf of population connection through organizing and providing training, technical assistance and punding. Represent population connection in coalitions focused on grassroots action and at public presentations and exhibitions as needed. 2020 **HIGHLIGHTS INCLUDE:* GREW OUR **FIGHT4HER** CAMPAIGN SIGNIFICANTLY THROUGH GRASSROOTS ORGANIZING AND ACTION IN 8 STATES ACROSS THE COUNTRY. OVER THE PAST THREE YEARS WE HAVE ENGAGED OVER 60,000 INDIVIDUALS. AFTER WE MADE THE SWITCH TO ALL VIRTUAL ORGANIZING, DUE TO THE COVID-19 PANDEMIC, WE 46 (cote) (**expenses** 1,771,435.* **mcdudeng quests of \$71,292.) (**expenses** 3,360.*) POPULATION EDUCATION: TO PROMOTE POPULATION LITERACY AMONG AMERICAN YOUTH BY (1) PROVIDING EDUCATORS WITH TEACHING RESOURCES AND PROFESSIONAL DEVELOPMENT WORKSHOPS TO HELP THEM EFFECTIVELY COVER POPULATION EDUCATION TRAINING NETWORK (**PETNET**). FINALLY, TO PROVIDE POPULATION DUCATION TRAINING NETWORK (**PETNET**). FINALLY, TO PROVIDE POPULATION EDUCATION TRAINING NETWORK (**PETNET**). FINALLY, TO PROVIDE -STAFF OR VOLUNTEER TEACHER TRAINERS CONDUCTED 561 POP-ED WORKSHOPS (**B		·
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	A :-	
	40	Total program service expenses ► 7,512,575.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		٦,	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			3,7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	^_	L
rai				
	Check if Schedule O contains a response or note to any line in this Part V			L NI -
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		_		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С		10	Х	
	(gambling) winnings to prize winners?	1c		

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Form **990** (2020)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	L	3а		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	L	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country	_ I			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	⊢	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				v
	any contributions that were not tax deductible as charitable contributions?	·····	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	,,or0			Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay		7a 7b		-22
D	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	····	76		
C			7c		Х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d	····	70		
u _	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-			
	sponsoring organization have excess business holdings at any time during the year? N/A	7	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	<u></u> [9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	<u>.</u> [9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders N/A 11a	_			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	_			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\dashv			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A		10		
а		:	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
_	organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c	\dashv			
	B. H	_	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	····· ⊢	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	····	עדי		
.5	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	·····	. •		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х
	If "Yes," complete Form 4720, Schedule O.	·····			
		_		200	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI												
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year											
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1										
	officer, director, trustee, or key employee?	2		Х								
3												
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х								
6	Did the organization have members or stockholders?	6		Х								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or											
	more members of the governing body?	7a		Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
	persons other than the governing body?	7b		Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	Х									
b	Each committee with authority to act on behalf of the governing body?	8b	Х									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	•	•									
			Yes	No								
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
	and branches to ensure their operations are consistent with the organization's exempt purposes?											
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	in Schedule O how this was done	12c	Х									
13	Did the organization have a written whistleblower policy?	13	Х									
14	Did the organization have a written document retention and destruction policy?	14	Х									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official	15a	X									
b	b Other officers or key employees of the organization											
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a											
	taxable entity during the year?											
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O											
18												
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are											
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records											
	JOHN SEAGER - (202)332-2200											
	2120 L STREET, NW, SUITE 500, WASHINGTON, DC 20037											

14040716 745960 40101

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per		not c		more	than o is botl		Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	æ			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	truste		ee	nbens		(W-2/1099-MISC)		organization and related
	below	dual tr	Institutional trustee	ا	nploy	st cor	ı			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			3
(1) JOHN SEAGER	31.88									
PRESIDENT & CEO	5.62			Х				240,222.	0.	32,324.
(2) PAMELA WASSERMAN	37.50									
SENIOR VP FOR EDUCATION	0.00					Х		189,151.	0.	28,873.
(3) BRIAN DIXON	15.75									
SR. VP FOR MEDIA & GOV. RELATIONS	21.75					Х		187,664.	0.	19,473.
(4) MARIA OROZCO	32.27								_	
VP OF ADMIN. & MEMB. SVCS. /CFO	5.23					Х		164,966.	0.	27,009.
(5) SHAUNA SCHERER	33.60							460 540	•	0
VP FOR MARKETING & DEVELOPMENT	3.90					Х		163,518.	0.	27,134.
(6) MARIAN STARKEY	27.79							142 504	•	00 506
VP FOR COMMUNICATIONS	9.71					Х		143,724.	0.	20,536.
(7) ESTELLE RABONI	2.00	,,		,,				_	0	0
CHAIR	2.00	Х		Х				0.	0.	0.
(8) DARA PURVIS		x		x				0.	0.	0.
VICE CHAIR (9) TOM SAWYER	2.00	Δ		^				0.	0.	0.
TREASURER (UNTIL 2/2020)		X		x				0.	0.	0.
(10) BOB PETTAPIECE	2.00	Δ		^				0.	0.	0.
TREASURER (FROM 2/2020)		Х		x				0.	0.	0.
(11) BRYCE HACH	2.00	25						0.	0.	0.
SECRETARY		x		x				0.	0.	0.
(12) RODRIGO BARILLAS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) KEVIN WHALEY	2.00								-	
BOARD MEMBER		Х						0.	0.	0.
(14) AMY DICKSON	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(15) KATIE FERMAN	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(16) MARK HATHAWAY	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(17) AARON S. ALLEN	2.00							0.		
BOARD MEMBER	0.00								0.	0.

Form **990** (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st C	ompensated Employe	es (continued)			
(A)	(B)	(C)					(D)	(E)		(F)		
Name and title	Average	Position (do not check more than one						Reportable	Reportable Estin			∌d
	hours per	box, unless person is both an officer and a director/trustee)					h an	compensation	compensation		nount	of
	week (list any	_		<u> </u>	1	,tol/trustee)		from	from related		other	
	hours for	directo				_		the organization	organizations (W-2/1099-MISC)		pensa	
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099*****130)	1	anizati	
	organizations	truste	al trus		yee	mper		(** =/ *********************************			d relat	
	below	Individual trustee or director	Institutional trustee	-	Key employee	Highest compensated employee	er				anizatio	
	line)	Indiv	Instit	Officer	Key e	High empl	Former					
(18) ANDREEA CREANGA	2.00											
BOARD MEMBER		Х						0.	0.			0.
(19) PADGETT KELLY	2.00											_
BOARD MEMBER	0.00	Х						0.	0.			0.
(20) NEJLA LIIAS	2.00											•
BOARD MEMBER (UNTIL 1/2020)	0.00	X						0.	0.			0.
(21) MARY BETH WEINBERGER	2.00	X						0.	0.			0.
BOARD MEMBER	0.00	^			\vdash	-		0.	0.			<u> </u>
	1											
											-	
1b Subtotal	1							1,089,245.	0.	15	5,3	<u>49.</u>
c Total from continuation sheets to Part V								0.	0.			0.
d Total (add lines 1b and 1c)								1,089,245.	0.	15	5,3	49.
2 Total number of individuals (including but n	not limited to th	ose	liste	ed al	bov	e) wl	no re	eceived more than \$100	0,000 of reportable			
compensation from the organization												13
											Yes	No
3 Did the organization list any former officer,			-		-		_		•			
line 1a? If "Yes," complete Schedule J for s	such individual									3		X
4 For any individual listed on line 1a, is the su								•	•		L	
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								4	Х		
5 Did any person listed on line 1a receive or a						•		•				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	per	son				5		X
Section B. Independent Contractors									A 400000 f			
1 Complete this table for your five highest co	•	•							•	ation f	rom	
the organization. Report compensation for	tne calendar y	ear	endi	ng v	vith	or w	<u>rithin</u>	tne organization's tax	year.			

(A)	(B)	(C)
Name and business address	Description of services	Compensation
LEWIS DIRECT		
325 EAST OLIVER STREET, BALTIMORE, MD 21202	PRINTING	239,625.
LAUTMAN MASKA NEILL & CO, 1730 RHODE		
ISLAND AVE NW SUITE 301, WASHINGTON, DC	CONSULTING	194,000.
DEMBO JONES, 6116 EXECUTIVE BLVD SUITE		
500, NORTH BETHESDA, MD 20852	ACCOUNTING	174,842.
JAPS OLSEN COMPANY, 7500 EXCELSIOR BLVD,		
ST. LOUIS PARK, MN 55426	PRINTING	163,549.
RWT PRODUCATION		
8932 ORANGE HUND LANE, ANNANDALE, VA 22003	PRINTING	160,709.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization \blacktriangleright 6		
•		200

Form **990** (2020)

Form 990 (2020) POPULAT
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			
		Check if Schedule O contains a respons	se of flote to arry iii i	(A)	(B)	(C)	l (D)
				Total revenue	Related or exempt		Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
S S							360110113 3 12 - 3 14
ant		a Federated campaigns 1a					
흥절		Membership dues 1b	731,497.				
ts,	C	Fundraising events 1c					
igit	C	d Related organizations1d					
ıs,	e	Government grants (contributions)					
atio er S	f	All other contributions, gifts, grants, and					
la par		similar amounts not included above 1f	7,295,832.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	Noncash contributions included in lines 1a-1f 1g \$	357,619.				
	r	Total. Add lines 1a-1f		8,027,329.			
			Business Code				
ø.	2 8	HONORARIUM	900099	3,460.	3,460.		
Program Service Revenue	- k	COURSE TUITION	900099	3,360.	3,360.		
Sel		•	-	,	,		
E Š	,		-				
Peg	6		-				
Pro		All other program service revenue	-				
		Total. Add lines 2a-2f		6,820.			
$\overline{}$	3	Investment income (including dividends, into		5,020.			
	3	•		479,243.			479,243.
		other similar amounts)		477,245.			475,245.
	4	Income from investment of tax-exempt bond	· .	20 560			20 560
	5	Royalties(i) Real		20,569.			20,569.
	_		(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	``'				
		assets other than inventory 7a 11,692,87	9.				
	k	Less: cost or other basis					
ne		and sales expenses	3. 1,764.				
Revenue	c	Gain or (loss) 7c 61,37	61,764.				
Be	c	Net gain or (loss)	>	59,612.			59,612.
her	8 8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	Ba				
	k		Bb				
		Net income or (loss) from fundraising events	·				
		Gross income from gaming activities. See					
			oa				
	ŀ		9b				
			····				
		a Gross sales of inventory, less returns					
		• • • • • • • • • • • • • • • • • • • •	0a 6,665.				
			0b 0.				
		-	-	6,665.	6,665.		
_		Net income or (loss) from sales of inventory	Business Code	0,005.	0,005.		
Sn(44 -	MISCELLANEOUS	900099	46,300.			46,300.
ine de			300033	40,300.			40,300.
Miscellaneous Revenue	t		-				
Sce	•		-				
Ξ		All other revenue		46 200			
		Total Add lines 11a-11d	P	46,300. 8,646,538.	12 405	0.	605 704
	12	Total revenue. See instructions	▶	0.040.338.	13,485.	ι υ.	605,724.

032009 12-23-20

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not include amounts reported on lines 60, 78, 80, 90, and 100 of Part VIII.	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX						
Total specified processors Forgram service Montagement and governed expenses Forgram service Montagement and governed Forgram service Forgram	Do i		(A)	(B)			
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Berefits paid to or for members Compensation of current officers, directors, trustoes, and key employees Compensation not included above to disqualified persons (as defined under section 4958(r)(3)(8) Persons described in section 4958(r)(3)(8) 7 Other satisfies and vagges Person plan accruads and contributions (include section 401(k) and 403(s) employer corributions (section 401(k) and 403(s)) employer corributions (section 401(k) and 403(s) employer corributions (section 401(k) and 403(s)) employer corributions (section 401(k) and 403(s)			Total expenses				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1	_	0 000 004	0 000 004			
Individuals See Part V, line 22 20,000 20,000 34,750 3			2,208,924.	2,208,924.			
Compensation of luminosis (and the sististance to foreign individuals. See Part IV, lines 15 and 16 20,000 . 20,000 . 20,000 . 34,750 34,750 34,750 34,750 34,750 34,750 35,750 35,750 36,	2						
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
Individuals. See Part IV, lines 15 and 16 20,000 . 20,000 . 34,750 34,750 34,750 34,750 34,750 35,750 36,750	3	_					
Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 231,665 183,015 13,900 34,750			20 000	20 000			
5 Compensation of current officers, directors, trustees, and key employees compensation of included above to disqualified persons (as defined under section 4958(r)(1) and persons described in section 4958(r)(3)(8) and acruals and round an acruals and round an acruals and round an acruals and round an acruals and round as a section 40 (k) and 403(b) employer contributions (include section 40 (k) and 403(b) employer contributions) and acruals and contributions (include section 40 (k) and 403(b) employer contributions) and acruals and contributions (include section 40 (k) and 403(b) employer contributions) and acruals and contributions (include section 40 (k) and 403(b) employer contributions) and acruals and contributions (include section 40 (k) and 403(b) employer contributions) and acruals and contributions (include section 40 (k) and 403(b) employer contributions) and acruals and contributions (include section 40 (k) and 403(b) employer contributions) and acruals and contributions (include section 40 (k) and 403(b) employer contributions) and acruals and acrual acruals and acruals			20,000.	20,000.			
trustees, and key employees 231,665. 183,015. 13,900. 34,750 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and accruate and contributions (include section 401(k) and 403(t) employer contributions) 9							
6 Compensation not included above to disqualified persons (as defined under section 4958(f(1)) and persons destribed in section 4958(f(1)) and persons destribed in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 144,574, 95,997, 20,814, 27,763 9 Other employee benefits 228,168, 147,873, 39,046, 41,249 10 Payroll taxes 228,168, 147,873, 39,046, 41,249 11 Fees for services (nonemployees): a Management b Legal 4,761, 3,275, 630, 856 c Accounting 1 Legal 4,761, 3,275, 630, 856 c Accounting Professional fundralising services. See Part IV, line 17 f Investment management fees 9 Other, (fill file 1) figamount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 2,369, 938, 1,209, 222 30 Office expenses 89,316, 63,771, 10,047, 15,498 10 Coupancy 426,254, 288,810, 57,720, 79,724 17 Travel 37,079, 24,342, 662, 12,075 Payments to fiffules 10 Coupancy 426,254, 288,810, 57,720, 79,724 10 Coupancy 13,643, 11,222, 1,286, 1,135 Interest 10 Depreciation, depletion, and amortization 140,066, 94,618, 18,998, 26,450 30 Insurance 140,066, 94,618, 18,998, 26,450 150,878,877, 495,975, 812, 41,100 16 Depreciation, depletion, and amortization 140,066, 94,618, 18,998, 26,450 17,131, 9,942 20 Interest 10 Depreciation, depletion, and amortization 140,066, 94,618, 18,998, 26,450 30 Insurance 10 Depreciation, depletion, and amortization 140,066, 94,618, 18,998, 26,450 30 Insurance 10 Depreciation, depletion, and amortization 140,066, 94,618, 18,998, 26,450 30 Insurance 10 Depreciation, depletion, and amortization 140,066, 94,618, 18,998, 26,450 30 Insurance 10 Depreciation, depletion, and amortization 140,066, 94,618, 18,998, 26,450 30 Insurance 10 Depreciation, depletion, and amortization 140,066, 94,618, 18,998, 26,450 30 Insurance 10 Depreciation, depletion, and amortization 140,066, 94,618, 18,998,	5	· · · · · · · · · · · · · · · · · · ·	221 665	102 015	12 000	24 750	
persons (as defined under section 4958(h(1)) and persons described in section 4958(h(1)) and persons described in section 4958(h(2))(8) 7 Other salaries and wages 8 Pension plan accruais and contributions (include section 4016) and 403(h) employer contributions) 9 Other employee benefits 1 44 , 574 . 95 , 997 . 20 , 814 . 27 , 763 9 Other employee benefits 2 28 , 168 . 147 , 873 . 39 , 046 . 41 , 249 1 Fees for services (nonemployees): a Management b Legal 4 , 761 . 3 , 275 . 630 . 856 c Accounting 2 215 , 982 . 146 , 611 . 28 , 709 . 40 , 662 d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other, (Illien 1) anount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 2 Advertising and promotion 3 Office expenses 8 9 , 316 . 63 , 771 . 10 , 047 . 15 , 498 41 Information technology 1 161 , 021 . 148 , 405 . 3 , 896 . 8 , 720 1 7 Travel 3 7 , 079 . 24 , 342 . 662 . 12 , 075 8 Payments to finitates Conferences, conventions, and meetings 1 13 , 643 . 11 , 222 . 1 , 286 . 1 , 135 Conferences, conventions, and meetings 1 140 , 066 . 94 , 618 . 18 , 998 . 26 , 450 Collar payments to finitates Depreciation, application, and amortization 1 1	_	The state of the s	Z31,003.	103,013.	13,900.	34,750	
persons described in section 4958(c)(3)(8) 7 Pension plan accruais and wages 8 Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions) 9 Cither employee benefits 144,574. 95,997. 20,814. 27,763 333,964. 223,410. 46,975. 63,579 10 Payroli taxes 11 Fees for services (nonemployees): 12 Management 13 Legal 14 Lobying 15 Pension all Indiasing services. See Part IV, line 17 (Investment management fees) 9 Cither (II line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Jepso. 14 Jepso. 15 Payrents to travel or entertainment expenses for any federal, state, or local public officials. 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 19 Conferences, conventions, and meetings 11 Interest 12 Depreciation, depletion, and amortization and repenses on sch or line 24s, column (A) amount, is line 24e expenses on Schedule (L) and promotion and federal state, or local public officials. 19 Conferences, conventions, and meetings 11 Jepso 20 Jep	6	•					
7 Other salaries and wages 8 Pension plan accuals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1144,574. 95,997. 20,814. 27,763 9 Other employee benefits 228,168. 147,873. 39,046. 41,249 11 Fees for services (nonemployees): a Management b Legal							
8 Pension plan accruais and contributions (include section 401 (k) and 403(b) employer contributions) 9 Other employee benefits	_		2 771 642	1 040 205	202 502	E20 CEE	
Section 401(k) and 403(b) employer contributions 333,964. 95,997. 20,814. 27,763		_	2,//1,642.	1,840,395.	392,592.	538,655	
9 Other employee benefits 333,964, 223,410, 46,975, 63,579 10 Payroll taxes 228,168, 147,873, 39,046, 41,249 11 Fees for services (nonemployees): a Management b Legal 4,761, 3,275, 630, 856 c Accounting 215,982, 146,611, 28,709, 40,662 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	8	·	1 / / [7 /	05 007	20 014	27 762	
10 Payroll taxes						41,163	
11 Fees for services (nonemployees): a Management b Legal		The state of the s					
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 2 2369 3 Office expenses 3 89, 316 5 63, 771 1 10, 047 1 15, 498 1 Information technology 1 161, 021 1 148, 405 1 3, 896 1 8720 1 890 Altes 1 102, 119 1			228,168.	147,873.	39,046.	41,249	
b Legal	11	` ' ' '					
C Accounting	а	Management	4 561	2 075	620	056	
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 2 , 369 , 938 , 1, 209 , 222 3 Office expenses 8 9, 316 , 633, 771 , 10, 047 , 15, 498 41 Information technology 161, 021 , 148, 405 , 3, 896 , 8, 720 426, 254 , 288, 810 , 57, 720 , 79, 724 436, 254 , 288, 810 , 57, 720 , 79, 724 47 Travel 37, 079 , 244, 342 , 662 , 12, 075 48 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e, if line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A) amount, list line 24e amount exceeds 10% of line 25c, column (A	b				1		
e Professional fundraising services. See Part IV, line 17 f Investment management fees (20 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) (2, 369 . 938 . 1, 209 . 222 (20 Other expenses) (20 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) (2, 369 . 938 . 1, 209 . 222 (20 Other expenses) (21 Other expenses) (22 Other expenses) (23 Other expenses) (24 Other expenses in line 24e, If line 24e amount exceeds 10% of line 24e, If line 24e amount exceeds 10% of line 24e, If line 24e amount exceeds 10% of line 25e, Column (A) amount, list line 24e expenses on Schedule O.) (25 Other expenses) (25 Other expenses) (25 Other expenses) (26 Other expenses) (27 Othere ex	С		215,982.	146,611.	28,709.	40,662	
Total Travel Total Tot	d		156 000			156 000	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 2 , 369 · 938 · 1, 209 · 222 3 Office expenses 8 9, 316 · 63,771 · 10, 047 · 15, 498 14 Information technology 15 Royalties 16 Occupancy 426,254 · 288,810 · 57,720 · 79,724 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 20 Interest 12 Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 140,066 · 94,618 · 18,998 · 26,450 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schodule (.) 25 PSTAGE AND DELIVERY 26 SUBSCRIPTIONS 27 All other expenses All other expenses. Add lines 1 through 24e 27 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	е	- · · · · · · · · · · · · · · · · · · ·			12.050	156,000	
Collumn (A) amount, list line 11g expenses on Sch 0. S41, 658. 479, 020. 8,614. 54,024	f		13,950.		13,950.		
13 Office expenses 89,316	g	, -	E 41 CEO	450 000	0 (14	E 4 004	
13 Office expenses 89,316		column (A) amount, list line 11g expenses on Sch O.)				54,024	
16 Information technology	12				-		
15 Royalties 102,119	13						
16 Occupancy	14	Information technology			3,896.	8,720	
17 Travel	15	Royalties	-				
18	16	Occupancy		-	-		
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Interest Interest Interest Insurance Insurance Insurance Interest Interest Interest Insurance Insurance Interest Insurance Insurance Interest Insurance Insura	17	Travel	37,079.	24,342.	662.	12,075	
19 Conferences, conventions, and meetings Interest Intere	18	Payments of travel or entertainment expenses					
Interest Payments to affiliates Depreciation, depletion, and amortization 140,066. 94,618. 18,998. 26,450		for any federal, state, or local public officials	12 (12	44 000	4 005	4 4 5 5	
Payments to affiliates Depreciation, depletion, and amortization 140,066. 94,618. 18,998. 26,450	19	Conferences, conventions, and meetings	13,643.	11,222.	1,286.	1,135	
Depreciation, depletion, and amortization 140,066. 94,618. 18,998. 26,450	20						
10 10 10 10 10 10 10 10	21	The state of the s	140 000	0.4.610	10 000	06 450	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PRINTING AND PRODUCTION b POSTAGE AND DELIVERY c SUBSCRIPTIONS d SERVICE CHARGES e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	22	Depreciation, depletion, and amortization				26,450	
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a PRINTING AND PRODUCTION	23		52,866.	35,793.	7,131.	9,942	
a PRINTING AND PRODUCTION b POSTAGE AND DELIVERY C SUBSCRIPTIONS d SERVICE CHARGES e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 852,408. 749,208. 804. 102,396 852,408. 749,208. 804. 102,396 852,408. 749,208. 804. 102,396 852,408. 749,208. 804. 102,396 852,408. 749,208. 804. 102,396 852,408. 749,208. 804. 102,396	24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)					
b POSTAGE AND DELIVERY c SUBSCRIPTIONS d SERVICE CHARGES e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 537,887. 495,975. 812. 41,100 86,930. 70,184. 4,922. 11,824 82,439. 74,333. 6,093. 2,013 18,425. 4,137. 338. 13,950 9,474,110. 7,512,375. 679,148. 1,282,587	а		852,408.	749,208.	804.	102,396	
SUBSCRIPTIONS 86,930. 70,184. 4,922. 11,824		POSTAGE AND DELIVERY			812.	41,100	
d SERVICE CHARGES e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	-		-			11,824	
All other expenses Total functional expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	_					2,013	
Total functional expenses. Add lines 1 through 24e 9,474,110. 7,512,375. 679,148. 1,282,587 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						13,950	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		· —	-			1,282,587	
educational campaign and fundraising solicitation.	26	Joint costs. Complete this line only if the organization	, ,	, , , , , ,	, - 1	, , , , , , , , , , , , , , , , , , , ,	
		, , ,					
			1,234,146.	865,905.	0.	368,241	

032010 12-23-20

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,308,257.	1	2,600,032.		
	2	Savings and temporary cash investments	8,055,858.	2	3,756,925.		
	3	Pledges and grants receivable, net			251,448.	3	439,355.
	4	Accounts receivable, net			308,426.	4	596,689.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			19,516.	8	12,007. 301,230.
⋖	9	Prepaid expenses and deferred charges			268,943.	9	301,230.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,411,710.			
	b	Less: accumulated depreciation	10b	782,765.	783,036.	10c	628,945.
	11	Investments - publicly traded securities			10,343,846.	11	13,475,995.
	12	Investments - other securities. See Part IV, line 1	1		48,395.	12	50,136.
	13	Investments - program-related. See Part IV, line 1	l 1			13	
	14	Intangible assets			4-1	14	
	15	Other assets. See Part IV, line 11		654,732.	15	1,812,594.	
	16	Total assets. Add lines 1 through 15 (must equa			23,042,457.	16	23,673,908.
	17	Accounts payable and accrued expenses	593,576.	17	527,878.		
	18					18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subst					
Lia I		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	765,700.
	24	Unsecured notes and loans payable to unrelated				24	705,700.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			2,033,671.		1,366,868.
	00	of Schedule D		·····	2,627,247.		2,660,446.
	26	Total liabilities. Add lines 17 through 25		Y	2,021,241.	26	2,000,440.
es		Organizations that follow FASB ASC 958, che	ck nere				
ğ	07	and complete lines 27, 28, 32, and 33.			20,019,210.	27	20,862,462.
3al	27				396,000.	28	151,000.
βE	28	Organizations that do not follow FASB ASC 95		work hore.	330,000.	20	131,000
Ξ			oo, cne	eck nere			
٥	20	and complete lines 29 through 33.				29	
ets	29	Capital stock or trust principal, or current funds				30	
Ass	30	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated inc			20,415,210.	32	21,013,462.
Z	33	Total net assets or fund balances Total liabilities and net assets/fund balances			23,042,457.	33	23,673,908.
	33	Total liabilities and het assets/fullu balaites			20,022,407	33	Form 990 (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,47		
3	Revenue less expenses. Subtract line 2 from line 1	3		-82		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4),41		
5	Net unrealized gains (losses) on investments	5		L,42	5,8	24.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				_	
	column (B))	10	21	L,01	3, <u>4</u>	62.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Щ
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	7 1			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization POPULATION CONNECTION 94-1703155 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		iso complete r are i	•			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(-,	(-,	(-/	(-,	(-/	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	11,160,591.	15,120,677.	11,632,800.	10,378,424.	8,027,329.	56,319,821.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11,160,591.	15,120,677.	11,632,800.	10,378,424.	8,027,329.	56,319,821.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,302,934.
	Public support. Subtract line 5 from line 4.						54,016,887.
	ction B. Total Support				Γ		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	11,160,591.	15,120,677.	11,632,800.	10,378,424.	8,027,329.	56,319,821.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	360 600	207 022	202 164	165 005	400 010	4 045 500
	and income from similar sources	360,688.	207,033.	382,164.	465,895.	499,812.	1,915,592.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	26,183.	20.		14.	46,300.	72,517.
	assets (Explain in Part VI.)	20,105.	20.		14.	40,300.	58,307,930.
	Total support. Add lines 7 through 10 Gross receipts from related activities,	ata (aga inatuusti				12	78,985.
12	First 5 years. If the Form 990 is for the	•	,	fourth or fifth toy			10,303.
13	organization, check this box and stor						
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2020 (column (fl)		14	92.64 %
	Public support percentage from 2019					15	92.89 %
						<u> </u>	
	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2020

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	now, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	` ,		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
4							-
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					_	1
	ndar year (or fiscal year beginning in) 🖊	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	-	o organization's f	first seeped third	fourth or fifth toy	Voor on a conting		L
14	First 5 years. If the Form 990 is for the	· ·		•	-		ion,
200	check this box and stop here		arcentage				
	Public support percentage for 2020 (li			oolumn (f))		15	
							9
	Public support percentage from 2019 etion D. Computation of Inves					16	(
			<u>~</u> _			147	
	Investment income percentage for 202						
	Investment income percentage from 2					18	47:
198	33 1/3% support tests - 2020. If the						17 IS not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2019. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
46:		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	etion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
c		structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 032025 01-25-21 | Schedule A (Form 990 or 990-EZ) 2020

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

	dule A (Form 990 or 990-EZ) 2020 POPULATION CO			9	4-1/03155 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
<u>10</u>	Line 8 amount divided by line 9 amount		I	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

POPULATION CONNECTION

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

94-1703155

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Organization type (check one):							
Filers of:		Section:					
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990)-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General l	Rule						
	ŭ	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	Rules						
;	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from , during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
,	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year					
but it mu	st answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

Employer identification number

POPUL	ATION CONNECTION		94-1703155
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$335,15	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 247,94	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$223,91	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

POPULATION CONNECTION

94-1703155

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$228,058.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

POPULATION CONNECTION

94-1703155

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	

Name of organization **Employer identification number** 94-1703155 POPULATION CONNECTION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

		1(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nam	ne of organ				Emı	oloyer identification number
			ION CONNECTION			94-1703155
Pa	rt I-A	Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527	organization.
2	Political ca	ampaign activity expendit	ation's direct and indirect politica ures gn activities		>	\$
Pa	rt I-B	Complete if the org	anization is exempt unde	er section 501(c)(3	3).	
1	Enter the	amount of any excise tax	incurred by the organization unde	er section 4955		\$
2	Enter the	amount of any excise tax	incurred by organization manage	rs under section 4955	>	\$
3	If the orga	nization incurred a sectio	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a	Was a cor	rection made?				Yes No
		escribe in Part IV.				
Pa	rt I-C	Complete if the org	anization is exempt unde	er section 501(c),	<u> </u>	· / · ·
		, .	by the filing organization for sec	·		\$
2		0 0	ization's funds contributed to oth	· ·		
					>	\$
3			. Add lines 1 and 2. Enter here ar		_	
	line 1/b		4400 DOL (. II :		P	\$
			1120-POL for this year?			
5	made pay contribution	ments. For each organiza	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	from the filing organizate separate political organizate	ation's funds. Also enter nization, such as a sepa	the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

	dule C (Form 990 or 990-EZ) 2020 POPUI			/U3155 Page 2
Pai		on is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
	section 501(h)).			
A CI	neck 🕨 📖 if the filing organization belo	ngs to an affiliated group (and list in Part IV each affiliated	l group member's nam	e, address, EIN,
	expenses, and share of exce	ess lobbying expenditures).		
B C	neck 🕨 🔲 if the filing organization chec	ked box A and "limited control" provisions apply.		
		obying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pu	blic opinion (grassroots lobbying)	0.	
b	Total lobbying expenditures to influence a le	egislative body (direct lobbying)	0.	
С	Total lobbying expenditures (add lines 1a a	nd 1b)	0.	
d			9,474,110.	
е	Total exempt purpose expenditures (add lin	es 1c and 1d)	9,474,110.	
		ount from the following table in both columns.	623,706.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25%	of line 1f)	155,927.	
h	Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less,	enter -0-	0.	
j	If there is an amount other than zero on eith	ner line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year? .		[Yes No
		4-Year Averaging Period Under Section 501(h)		
		a section 501(h) election do not have to complete all	of the five columns b	elow.
	Se	ee the separate instructions for lines 2a through 2f.)		

ood the departure metabolic for mice at the days and							
	Lobbying Expen	ditures During 4-Yea	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total		
2a Lobbying nontaxable amount	744,078.	672,496.	585,300.	623,706.	2,625,580.		
b Lobbying ceiling amount (150% of line 2a, column(e))					3,938,370.		
c Total lobbying expenditures	21,153.	500,695.	3,051.		524,899.		
d Grassroots nontaxable amount	186,020.	168,124.	146,325.	155,927.	656,396.		
e Grassroots ceiling amount (150% of line 2d, column (e))					984,594.		
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part		e 3, is
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year		_		
C	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the control of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the exceeds the e				
_	expenditure next year?		4		
5 Par	Taxable amount of lobbying and political expenditures (See instructions)		5		
	t IV Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	list)· Part II-	A lines 1 :	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

POPULATION CONNECTION

Employer identification number 94 - 1703155

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		2 200
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	onferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
_	> \$		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Similar Assats
I al	Complete if the organization answered "Yes" on Form	-	nei olilliai Assets.
10	If the organization elected, as permitted under FASB ASC 95		ad balance about works
ıa	of art, historical treasures, or other similar assets held for pul	, '	
	service, provide in Part XIII the text of the footnote to its final	,	•
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in further	erance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	•	ga, provido
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		

032051 12-01-20

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Othe	er Sim	ilar Asse	ts(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	t make s	significar	nt use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	am					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further the	he organizati	on's exe	mpt pur	pose in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	he organization's co	ollection?			<u> </u>	Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered '	'Yes" on	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other as	sets not	include	d	_		
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amount	t	
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on	Part XIII	l				
Par	t V Endowment Funds. Complete if	f the organization an	swered "Yes" on Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three	years back	(e) Four	years b	oack
1a	Beginning of year balance	1,000.	1,000.	1	1,000.		1,000.		1,0	000.
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance	1,000.	1,000.	1	1,000.		1,000.		1,0	000.
	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	a)) held as:	•					
а	Board designated or quasi-endowment	•	%							
	Permanent endowment 100.0000	%	_							
		 %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administe	red for t	he orgar	nization			
	by:							Ī	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Par										
	Complete if the organization answered		, Part IV, line 11a. S	See Form 990), Part X,	, line 10.				
	Description of property	(a) Cost or ot	ther (b) Cost	or other	(c) A	ccumula	ted	(d) Bool	k value	
	,	basis (investm		(other)	de	preciatio	n	` ,		
	Land	<u> </u>		·						
	Buildings									
	Leasehold improvements		78	9,863.		326,	998.	462	2,86	55.
	Equipment			4,467.		298 , '			5,72	
	Other			7,380.		157,			0,35	
	. Add lines 1a through 1e. (Column (d) must e					-	ightharpoonup		8,94	

Schedule D (Form 990) 2020

Part VII	Investments -	Other Securities.
Part VIII	Investments -	Other Securities

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)	<u> </u>		
(C)			
(D)			
(E)			
	_		
(G)	_		
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
	(b) Book value	(c) Method of Valuation. Cost of end-	or-year market value
(1)	 		
(2)	 		
(3)	 		
(4)	 		
(5)	 		
(6)	 		
(7)	 		
(8)	 		
(9)	 		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form 000 Port IV line	11d Con Form 000 Part V line 15	
Complete if the organization answered "Yes"	Description	Trd. See Form 990, Fart X, line 15.	(b) Book value
DEDOCTEC	Description		33,720.
(1) DEPOSITS (2) DUE FROM RELATED PARTY			1,778,874.
(-)			1,770,074.
(3)			
(4)			
(5) (6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	 ne 15)	N	1,812,594.
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) GIFT ANNUITY LIABILITY			985,384.
(3) DEFERRED RENT			359,420.
(4) DUE TO RELATED PARTY			22,064.
(5)			,
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)	b	1,366,868.
2. Liability for uncertain tax positions. In Part XIII, provide			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wi	th Revenue per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,221,612.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,425,824.		
b	Donated services and use of facilities	2b	163,200.		
С	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	1,589,024.
3	Subtract line 2e from line 1			3	8,632,588.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,950.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	13,950.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,646,538.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	9,623,360.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	163,200.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	163,200.
3	Subtract line 2e from line 1			3	9,460,160.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,950.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	13,950.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,474,110.
Pa	rt XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines	1b and 2b; Part V, line	4; Parl	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete this part to provide any additional and the complete	tional inf	formation.		
PAI	RT V, LINE 4:				
PEI	RMANENTLY RESTRICTED NET ASSETS REPRESENT T	гне і	LES CORSA FU	ND	ESTABLISHED
IN	1988. THE INCOME EARNED ON THE INVESTMENT	OF T	THE ORIGINAL	CO	NTRIBUTIONS
IS	TO BE USED TO PROVIDE AN ANNUAL AWARD FOR	THE	POPULATION	CON	NECTION
MEI	MBER WHO HAS MADE OUTSTANDING CONTRIBUTIONS	SIN	THE FIELD O	F P	OPULATION
POI	LICY AND FAMILY PLANNING.				

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2020, THE ORGANIZATIONS HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020
Open to Public Inspection

Name of the organization

Employer identification number

POPULATION CONNECTION 94-1703155

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	nts and other assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance? X	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance outs	side the
	United States.		J			
3		he following Part	L line 3 table ca	an be duplicated if additional space is n	eeded)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	() 3	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	independent	gram services, investments, grants to	describe specific type	for and
			contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region			iii tiio region
				GRANT TO RECIPIENT LOCATED		
SUB	-SAHARAN AFRICA	0	0	IN REGION		20,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

0

Schedule F (Form 990) 2020

and 3b)

3 a Subtotal

b Total from continuation

sheets to Part I
c Totals (add lines 3a

20,000.

20,000.

0.

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		AFRICA	PROGRAM SUPPORT	20,000.	WIRE	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country	, recognized as a tax	<u>l</u>		1
exempt 501(c)(3) orga	anization by the IRS,	or for which the grantee	or counsel has provided a sec					1
3 Enter total number of	other organizations	or entities						0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if a	dditional space is neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Par	t IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X No

Instructions for Form 5713; don't file with Form 990)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedule F (Form 990) 2020

6

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
POPCONN SUPPORTS LIKE MINDED ORGANIZATIONS WITH COMPATIBLE GOALS AND
MAKES DONATIONS TO SUPPORT THEIR MISSIONS. DONATIONS ARE NOT MONITORED
AFTER AWARD.
FOR GRANT RECIPIENTS, POPCONN REQUIRES A SIGNED GRANT AGREEMENT WHICH,
AMONG OTHER CONSIDERATIONS, REQUIRES AN ANNUAL REPORT FROM THE RECIPIENT
ORGANIZATION.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

POPULATION CONNECTION

Employer identification number 94-1703155

Part I		Complete if the organization answ	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
d la dia a	required to complete this pa			.14.1	Ol I II + I + I - I		
		ised funds through any of the follow				•	
37	Mail solicitations				overnment grants		
					nment grants		
	Phone solicitations	g L Specia	al fundra	using	events		
d	In-person solicitations						
		or oral agreement with any individua				77	
		Part VII) or entity in connection with					
	•	ividuals or entities (fundraisers) purs	suant to	agree	ements under which	the fundraiser is to b	oe
comp	pensated at least \$5,000 by the	e organization.					
	e and address of individual	(ii) Activity	(iii) fundr have c	Did aiser ustody	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
(or entity (fundraiser)	(,	or con contrib	trol of	from activity	fundraiser listed in col. (i)	organization
	MASKA NEILL & COMPANY	STRATEGIC CONSULT.,	Yes	No			
- 1730 RI	HODE ISLAND AVE, NW	SEGMENTATION, CREATIVE		Х	1,401,983.	156,000.	1,245,983.
					4 404 000	456.000	4 045 000
Total					1,401,983.	156,000.	
or lice		on is registered or licensed to solicit	CONTRI	utions	s or has been notified	a it is exempt from re	egistration
		GA, HI, IL, KS, KY, MA	MD	MF:	MT MN MS N	C ND NH NJ	NV NV NM
	OR, PA, RI, SC, TN,		, 110 ,	, Lin	111 / 1111 / 110 / 11	C, ND, NII, NO	,111 ,111 ,1111
J11 / O11 /	, 011, 111, 111, 100, 111,	(01) (11) (11) (11)					

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

٢٥	ırt I	of fundraising Events . Complete if the	•	-		
		J	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	Coi. (C))
Revenue						
Be	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
cpen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa	11 rt					
		\$15,000 on Form 990-EZ, line 6a.	answered res on on	111 000, 1 41 11, 1110 10, 01	reported more than	
<u> </u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4, 29	bingo/progressive bingo	(5, 5 a.e. gaming	col. (a) through col. (c)
Be Be	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	% Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	L	>	
0	Го	ter the state(s) in which the organization condu	uata gamina antivitian			
а	ls t	the organization licensed to conduct gaming a No," explain:	ctivities in each of thes	e states?		Yes No
		ere any of the organization's gaming licenses re			year?	Yes No
0320	82 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 POPULATION CONNECTION 94-	1703	3155	Page 3					
	Does the organization conduct gaming activities with nonmembers?		Yes	No					
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed								
	to administer charitable gaming?	. Ш	Yes	└── No					
	Indicate the percentage of gaming activity conducted in:	مدا	ı	0.4					
	a The organization's facility		+	<u>%</u> %					
	 b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: 								
	Name								
	Address								
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No					
- 1	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount								
	of gaming revenue retained by the third party > \$								
•	c If "Yes," enter name and address of the third party:								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
	Description of services provided								
	Director/officer Employee Independent contractor								
47									
	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to								
,	retain the state gaming license?		Yes	☐ No					
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the								
	organization's own exempt activities during the tax year > \$								
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	Part III, I	ines 9,	9b, 10b,					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.								
sc	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:							
()	I) NAME OF FUNDRAISER: LAUTMAN MASKA NEILL & COMPANY								
<u>(</u>]	I) ADDRESS OF FUNDRAISER:								
<u>17</u>	730 RHODE ISLAND AVE, NW STE 301, WASHINGTON, DC 20036								
(]	II) ACTIVITY: STRATEGIC CONSULT., SEGMENTATION, CREATIVE SVCS.	& F	REPO	RTING					

032083 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Schedule G	(Form 990 or 990-EZ)	POPULATION	CONNECTION	94-1703155	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Information	mation (continued)			
	••	,			
-					
-					

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection

Employer identification number Name of the organization 91-1703155 DODITIATION CONNECTION

► Go to www.irs.gov/Form990 for the latest information.

POPULATIO	M COMMEC	LON					34-1/C	12722
Part I General Information on Grants a	nd Assistance					•		
Does the organization maintain records t	o substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion	
criteria used to award the grants or assis	stance?						Yes	☐ No
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to I	-				anization answered "\	es" on Form 990, Part	t IV, line 21, for any	
recipient that received more than	5,000. Part II car	be duplicated if addit	tional space is need	led.	(6) NA - Ho - ol - f	i	1	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	
POPULATION CONNECTION ACTION FUND 2120 L STREET NW SUITE 500 WASHINGTON, DC 20037	46-3083014	501(C)(4)	2,000,000.	0.			PROGRAM SUPPORT	
CONSERVATION THROUGH PUBLIC HEALTH 1717 K ST. NW #1050 WASHINGTON, DC 20006	37-1455761	501(C)(3)	56,500.	0.			PROGRAM SUPPORT	
WINGS 1043 GRAND AVE #299 ST. PAUL, MN 55105	31-1759515	501(C)(3)	50,000.	0.			PROGRAM SUPPORT	
BVM CAPACITY BUILDING INSTITUTE 3645 MARKETPLACE BLVD SUITE 130-209 EAST POINT, GA 30344		501(C)(3)	20,000.	0.			PROGRAM SUPPORT	
BLUEPRINT NORTH CAROLINA 3739 NATIONAL DRIVE RALEIGH, NC 27612	27-2459538	501(C)(3)	15,000.	0.			PROGRAM SUPPORT	
SISTERSONG 1237 RALPH DAVID ABERNATHY BLVD ATLANTA, GA 30310	51-0544927	1	15,000.	0.			PROGRAM SUPPORT	1.0
2 Enter total number of section 501(c)(3) at3 Enter total number of other organizations	-	-						10. 1.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
GREENLATINOS							
PO BOX 60217							
WASHINGTON, DC 20039	26-3386082	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
GREEN DIVERSITY INITIATIVE							
1341 G ST. 5TH FLOOR							
WASHINGTON, DC 20005	46-5220283	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
·			·				
SAFEMAINE							
PO BOX 752							
PORTLAND, ME 04104	01-0449907	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MID INTOLLER ROLLINGA MITON							
TURIMIQUIRE FOUNDATION 16 CRESCENT ST.							
CAMBRIDGE, MA 02138	04-3286660	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CAMBRIDGE, MA 02130	04-320000	501(0/(3/	3,000.	0.			FROGRAM SUFFORT
PARTNERSHIP PROJECT							
PO BOX 65826							
WASHINGTON, DC 20035	52-2192070	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
•			,				

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re-	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
POPULATION CONNECTION GAVE A GRAN	TO A RE	LATED ORGA	ANIZATION,	POPULATION	
CONNECTION ACTION FUND. POPULATION	N CONNECT	ION IS THE	E SOLE VOTI	NG MEMBER OF	
THE ACTION FUND, AND ITS RECORD K	EEPING IS	MAINTAINE	ED BY POPUL	ATION	
CONNECTION STAFF. THEREFORE, MONIT	FORING OF	THE GRANT	IS DONE O	N A	
CONTINUOUS BASIS.					
POPCONN ALSO SUPPORTS LIKE MINDED	ORGANIZA	TIONS WITH	I COMPATIBL	E GOALS AND	
MAKES DONATIONS TO SUPPORT THEIR I	MISSIONS.	DONATIONS	S ARE NOT M	ONITORED	

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

POPULATION CONNECTION

Employer identification number 94-1703155

Pa	art I Questions Regarding Compensation								
			Yes	No					
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,								
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or charter travel Housing allowance or residence for personal use								
	Travel for companions Payments for business use of personal residence								
	Tax indemnification and gross-up payments Health or social club dues or initiation fees								
	Discretionary spending account Personal services (such as maid, chauffeur, chef)								
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or								
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b							
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2							
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?									
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's								
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to								
	establish compensation of the CEO/Executive Director, but explain in Part III.								
	X Compensation committee Written employment contract								
	Independent compensation consultant Z Compensation survey or study								
	Form 990 of other organizations X Approval by the board or compensation committee								
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing								
	organization or a related organization:			37					
а	Receive a severance payment or change-of-control payment?	4a		X					
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X					
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_^					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
	Only position 504/aV/2) 504/aV/4) and 504/aV/20) argonizations must consulate lines 5.0								
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
•	contingent on the revenues of: The organization?	5a		Х					
	The organization? Any related organization?	5b		X					
D	If "Yes" on line 5a or 5b, describe in Part III.	JD							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation								
Ū	contingent on the net earnings of:								
а		6a		Х					
h	The organization? Any related organization?	6b		X					
	If "Yes" on line 6a or 6b, describe in Part III.	0.5							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments								
•	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х						
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the								
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х					
9									
		9							
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			21					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JOHN SEAGER	(i)	240,222.	0.	0.	14,850.	17,474.	272,546.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAMELA WASSERMAN	(i)	184,437.	4,714.	0.	11,425.	17,448.	218,024.	0.
SENIOR VP FOR EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRIAN DIXON	(i)	183,057.	4,607.	0.	10,602.	8,871.	207,137.	0.
SR. VP FOR MEDIA & GOV. RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARIA OROZCO	(i)	160,783.	4,183.	0.	9,739.	17,270.	191,975.	0.
VP OF ADMIN. & MEMB. SVCS. /CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHAUNA SCHERER	(i)	159,335.	4,183.	0.	9,799.	17,335.	190,652.	0.
VP FOR MARKETING & DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARIAN STARKEY	(i)	139,924.	3,800.	0.	7,684.	12,852.		0.
VP FOR COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020	FORULATION CONNECTION	94-1703133 Pac	ıge 3
Part III Supplemental Information			
Provide the information, explanation, o	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	d 8, and for Part II. Also complete this part for any additional information.	
PART I, LINE 7:			
THE FOLLOWING BONUS	ES WERE INCLUDED ON PART VII OF THE 990:		
BRIAN DIXON	\$4,607		
SHAUNA SCHERER	\$4,183		
PAMELA WASSERMAN	\$4,714		
MARIA OROZCO	\$4,183		
MARIAN STARKEY	\$3,800		

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

POPULATION CONNECTION

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

94-1703155

Pai	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		_	
		арріісаріе		Form 990, Part VIII, line 1g	Horicasii contribu	ilion ai	Hount	.5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	35	357,619.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	l which isn't required to be ι	ised for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	utions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

032142 11-23-20

Schedule M (Form 990) 2020

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

POPULATION CONNECTION

Employer identification number 94-1703155

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BY EARTH'S RESOURCES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNITY GROUPS, AND DRAFTING LETTERS TO THE EDITORS OF THEIR LOCAL NEWSPAPERS. OUR FACEBOOK, TWITTER, AND INSTAGRAM ACCOUNTS SHARED NEWS AND OTHER ITEMS WITH OUR FOLLOWERS, PROVIDING A DIGITAL OPPORTUNITY FOR TWO-WAY COMMUNICATIONS WITH SUPPORTERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: BEGAN HOSTING MONTHLY NATIONAL VOLUNTEER CALLS TO ENGAGE OUR DONORS AND ACTIVISTS ACROSS THE COUNTRY ON RELEVANT REPRODUCTIVE HEALTH AND RIGHTS ISSUES. TOPICS COVERED THROUGHOUT THE YEAR INCLUDED REPRODUCTIVE JUSTICE, CONVERSATIONS WITH STATE AND FEDERAL ELECTED OFFICIALS, AND THE IMPACT OF THE GLOBAL GAG RULE AROUND THE WORLD.

ENGAGED 1,075 ACTIVISTS FROM ACROSS THE U.S. DURING OUR VIRTUAL CAPITOL HILL DAYS ADVOCACY WEEKEND, THROUGH A DIGITAL KICKOFF CALL AND A VIRTUAL DAY OF ACTION IN WHICH ADVOCATES CALLED, EMAILED, AND TWEETED AT THEIR ELECTED OFFICIALS. WE SHARED RECORDED Q&A'S WITH REPRODUCTIVE HEALTH AND RIGHTS AND GRASSROOTS ORGANIZING EXPERTS, AND OUR STAFF SHARED A RECORDED HOW TO LOBBY TRAINING. OUR GROUP MET WITH 23 HOUSE AND SENATE OFFICES IN OUR TARGET STATES TO ADVOCATE FOR A GREATER U.S. INVESTMENT IN INTERNATIONAL FAMILY PLANNING, SUPPORT FOR UNFPA, AND A PERMANENT LEGISLATIVE BAN ON THE GLOBAL GAG RULE. WE ALSO HOSTED A TWITTER RALLY FOCUSED ON WHY WE #FIGHT4HER, WHICH OVER 2,000 PEOPLE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

POPULATION CONNECTION	94-1703155
PARTICIPATED IN, WHICH HAD OVER 14,000 ENGAGEMENTS, AND H	REACHED OVER
9.2 MILLION PEOPLE.	
IN DECEMBER, WE ASKED OUR SUPPORTERS TO SUBMIT COMMENTS	IN OPPOSITION
TO THE TRUMP ADMINISTRATION'S PROPOSED EXPANSION OF THE C	GLOBAL GAG
RULE. 499 PEOPLE SUBMITTED COMMENTS OPPOSING THIS EXPANSI	ION.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	ENTS:
- HELD ONE VIRTUAL LEADERSHIP INSTITUTE WHERE 21 NEW VOLU	JNTEERS WERE
TRAINED TO FACILITATE POP-ED WORKSHOPS.	
- JUDGED 2,593 STUDENT VIDEO SUMISSIONS TO THE 9TH ANNUAL	WORLD OF 7
BILLION CONTEST FOR MIDDLE AND HIGH SCHOOL STUDENTS, COVE	ERING THE
TOPICS OF IMPROVING CLIMATE RESILIENCY, ENSURING ECONOMIC	
OPPORTUNITIES, AND SUSTAINING WATER SYSTEMS.	
- FACILITATED A GRADUATE-LEVEL ONLINE COURSE FOR 44 MIDDI	LE AND HIGH
SCHOOL SCIENCE AND SOCIAL STUDIES TEACHERS THROUGH ADAMS	STATE
UNIVERSITY DURING THE SUMMER AND FALL SEMESTERS (2 OFFER)	INGS).
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
MEMBERSHIP: SUCCESS IN THE AREAS OF ADVOCACY AND PUBLIC I	EDUCATION
DEPENDS LARGELY ON THE SUPPORT AND DEDICATION OF THE ORGA	ANIZATION'S
MEMBERS. WE HAVE 40,000 MEMBERS ACROSS THE NATION, HELPIN	NG REACH OUR
GOALS BY (PRE-PANDEMIC) INFORMING THE PUBLIC ON POPULATION	ON ISSUES AT
LOCAL COMMUNITY EVENTS, HOSTING FILM SCREENINGS, DISTRIBU	
MAGAZINE, WRITING LETTERS TO THE EDITOR OF LOCAL NEWSPAPE	
	edule O (Form 990 or 990-EZ) 2020

Name of the organization

Employer identification number

POPULATION CONNECTION 94-1703155 AND GATHERING SIGNATURES FOR PETITIONS. WE SUPPORT OUR MEMBERS BY PROVIDING MATERIALS FOR THEIR DISTRIBUTION, PAYING REGISTRATION AND LOGISTICAL FEES FOR LOCAL EVENTS SUCH AS EARTH DAY, HOLDING TRAINING AND INFORMATION SESSIONS, RESPONDING TO THEIR CORRESPONDENCE AND REQUESTS FOR INFORMATION, AND ORDERS FOR OUR PRODUCTS AND/OR PUBLICATIONS. DURING THE PANDEMIC, IN-PERSON EVENTS WERE CANCELED, AND WE SHIFTED TO ALL VIRTUAL EVENTS FOR OUR MEMBERS AND THE PUBLIC, INCLUDING EXPERT SPEAKER SERIES, A FOUR-PART COURSE ON CLIMATE CHANGE AND POPULATION, A POPULATION BOOK CLUB, AND ONLINE FILM SCREENINGS. EXPENSES \$ 1,683,877. INCLUDING GRANTS OF \$ 36,899. REVENUE \$ 10,125. GOVERNMENT RELATIONS: TO INFORM CONGRESS AND THE ADMINISTRATION ABOUT POPULATION ISSUES AND TO ADVOCATE THE ADOPTION OF MEASURES TO MOVE THE UNITED STATES AND THE WORLD TOWARDS STABILIZING POPULATION; TO INFLUENCE POPULATION-RELATED LEGISLATION; TO MOBILIZE MEMBERS TO TAKE ACTION. 2020 HIGHLIGHTS: IN 2020, POPULATION CONNECTION CONTINUED TO GROW OUR PARTNERSHIPS WITH INTERNATIONAL NON-GOVERNMENTAL ORGANIZATIONS WHOSE WORK COMPLEMENTS OUR MISSION, ESPECIALLY GROUPS THAT WERE SUFFERING FROM FUNDING SLASHED BY THE TRUMP ADMINISTRATION. THIS YEAR, WE PARTNERED WITH CONSERVATION THROUGH PUBLIC HEALTH (CTPH) IN UGANDA; WINGS GUATEMALA; AND STRETCHERS YOUTH ORGANISATION IN KENYA. WHILE THE VAST MAJORITY OF OUR WORK TAKES PLACE IN THE US, THESE PARTNERSHIPS CALL ATTENTION TO THE OBSTACLES FACED AS THEY MEDIATE

Schedule O (Form 990 or 990-EZ) 2020

14040716 745960 40101

032212 11-20-20

HUMAN-ANIMAL RELATIONSHIPS (CTPH), PROVIDE REPRODUCTIVE HEALTH CARE

BASED IN THEIR OWN COMMUNITIES; THE COVID-19 PANDEMIC MADE THE YEAR

(WINGS GUATEMALA), AND EDUCATE YOUTH (STRETCHERS). THE GROUPS ARE ALL

Name of the organization POPULATION CONNECTION Employer identification number 94-1703155

ESPECIALLY DIFFICULT. THEY ALL, HOWEVER, REACHED THEIR GOALS.

CONSERVATION THROUGH PUBLIC HEALTH: CTPH ENABLES THE SAFE AND HEALTHY

COEXISTENCE BETWEEN HUMANS, GORILLAS, AND OTHER WILDLIFE LIVING IN

"CLOSE QUARTERS" BY PROMOTING AND MANAGING BIODIVERSITY CONSERVATION

AND HELPING THE HUMAN COMMUNITY ACCESS HEALTH SERVICES. THIS IMPROVES

LIVELIHOODS AND CONSERVES CRITICAL ECOSYSTEMS--A PERFECT FIT FOR

POPULATION CONNECTION'S MISSION TO BALANCE POPULATION AND THE

ENVIRONMENT.

OUR GRANT TO CTPH HELPED THE ORGANIZATION FULFILL ITS GOALS TO TRAIN

THEIR HEALTH AND CONSERVATION TEAMS (VILLAGE HEALTH AND CONSERVATION

TEAMS) AND THE TEAMS MEDIATING RELATIONS BETWEEN HUMANS AND GORILLAS

(GORILLA GUARDIANS). THE GOALS: 1) PREVENT COVID-19 FROM SPREADING

AMONG PEOPLE, AND FROM PEOPLE TO WILDLIFE; AND 2) CONTINUE TO ADVOCATE

FOR POLICIES ENCOURAGING THE BALANCE BETWEEN NATURAL RESOURCES AND

HUMANS.

CTPH'S PAID AND VOLUNTEER TEAMS MET WITH 4,400+ HOUSEHOLDS TO PROVIDE

INFORMATION ON CONSERVATION, DISEASE, AND CONTROL OF COVID-19 AND OTHER

INFECTIOUS DISEASES. MEETINGS ALSO COVERED FAMILY PLANNING MATTERS, AND

SANITATION AND HYGIENE PRACTICE. CTPH'S EVALUATIONS REPORTED POSITIVE

RESULTS, INCLUDING AN INCREASE IN HAND WASHING FACILITIES AND

CONCURRENT HAND WASHING.

AND GORILLAS AND INCREASED THE NUMBER OF COMMUNITY MEMBERS ACCESSING

BASIC HEALTH CARE, FAMILY PLANNING, AND CONSERVATION INFORMATION AND

Schedule O (Form 990 or 990-EZ) 2020

14040716 745960 40101

Name of the organization

Employer identification number

POPULATION CONNECTION 94-1703155

SERVICES. IT ALSO REDUCED UNMET NEED FOR FAMILY PLANNING. THERE WAS

EVEN A MINI "GORILLA BABY BOOM" IN THE NATIONAL FOREST, WITH MORE THAN

12 BABY GORILLAS BORN WITHIN SEVEN MONTHS-A SIGN THAT THE GORILLA

POPULATION IS STABLE.

WINGS GUATEMALA: WINGS GUATEMALA PROVIDES QUALITY REPRODUCTIVE HEALTH

EDUCATION AND SERVICES TO UNDERSERVED, PRIMARILY RURAL, GUATEMALAN

YOUTH, WOMEN, AND MEN. WINGS IS AN EXCELLENT PARTNER FOR POPULATION

CONNECTION. BY SERVING LOCAL COMMUNITIES, IT ALLOWS WOMEN AND FAMILIES

TO CONTROL THEIR FERTILITY, THEREBY SLOWING GUATEMALA'S RAPIDLY GROWING

POPULATION, AND LOWERING THE USE OF NATURAL RESOURCES.

ONE IN THREE (33%) OF INDIGENOUS WOMEN HAS NO ACCESS TO HEALTH AND

FAMILY PLANNING SERVICES. AND 80% OF GUATEMALA'S INDIGENOUS POPULATION

LIVES IN POVERTY-IN PART DUE TO THIS UNMET NEED. POPULATION

CONNECTION'S SUPPORT HELPS WINGS BRING ESSENTIAL REPRODUCTIVE HEALTH

CARE TO THE COMMUNITY VIA MOBILE MEDICAL UNITS, STATIONARY CLINICS,

SATELLITE TEAMS, AND BY PARTNERING WITH LOCAL HOSPITALS.

THE ORGANIZATION OFFERS ACCESS TO THE FULL RANGE OF TEMPORARY AND

PERMANENT CONTRACEPTION, AS WELL AS GENERAL REPRODUCTIVE HEALTH

SERVICES, INCLUDING CERVICAL CANCER PREVENTION SERVICES AND TREATMENT

FOR COMMONLY OCCURRING SEXUALLY TRANSMITTED INFECTIONS (STIS).

UNFORTUNATELY, COVID-19 HAS HAD A TERRIBLE IMPACT ON GUATEMALANS'

HEALTH, ECONOMIC STABILITY, AND EQUITY. FURTHER, WINGS WAS FORCED TO

SUSPEND ITS FIELD WORK FROM MARCH - JUNE 2020.

ONCE WINGS REOPENED, IT ADHERED TO SAFETY RULES, AND RETURNED TO

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** POPULATION CONNECTION 94-1703155 PROVIDING REPRODUCTIVE HEALTH SERVICES, INCLUDING EDUCATIONAL TALKS, PRIVATE COUNSELING, ALL LONG-ACTING REVERSIBLE CONTRACEPTION, CERVICAL CANCER SCREENING/TREATMENT, AND PERMANENT BIRTH CONTROL PROCEDURES. IN 2020, WINGS' ACCOMPLISHMENTS INCLUDED PROVIDING CLIENTS WITH 540 TUBAL LIGATIONS, 2,354 SUBDERMAL HORMONAL IMPLANTS, 1,890 MONTHLY INJECTIONS, 1660 BIRTH CONTROL PACKETS, AND 25,458 CONDOMS. THE ESTIMATED IMPACT OF THESE METHODS WAS TO PREVENT 11,149 UNINTENDED PREGNANCIES, 55 CHILD DEATHS, AND THREE MATERNAL DEATHS. STRETCHERS YOUTH ORGANIZATION: STRETCHERS, IS A MEMBERSHIP, YOUTH-LED COMMUNITY-BASED NONPROFIT THAT PROMOTES HEALTH RIGHTS, GOOD GOVERNANCE, AND GENDER EQUALITY AMONG INDIGENOUS YOUTH AND WOMEN IN UNDERSERVED SECTIONS OF KENYA. STRETCHERS WORKS ON INTEGRATION OF CAPACITY BUILDING, AS WELL AS ADVOCACY AND INFORMATION SHARING THROUGH LINKAGE TO SERVICES FOR A SUSTAINABLE SOCIETY. THE GROUP'S GOALS TO IMPROVE HEALTH, GOVERNANCE, GENDER EQUALITY, AND SUSTAINABILITY MAKES IT AN EXCELLENT PARTNER FOR POPULATION CONNECTION.

IN 2020, POPULATION CONNECTION SPONSORED PROJECT K.I.B.E. (KIJANA IMARIKA BONGA ELIMIKA) IN MOMBASA COUNTY IN KENYA. INTENDED TO IMPROVE THE SEXUAL AND REPRODUCTIVE HEALTH OF CHILDREN AND ADOLESCENTS, 10 - 24 YEARS OF AGE, STRETCHERS' GOAL WAS TO STRENGTHEN HIV AND SRH SERVICES AND COMMUNITY SYSTEMS. MOMBASA'S YOUNG PEOPLE HAVE MANY HEALTH PROBLEMS, WITH THE MAIN ISSUES ENCOMPASSING SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS, DRUG AND SUBSTANCE ABUSE, TEEN PREGNANCY, AND SEXUAL AND GENDER BASED VIOLENCE.

Name of the organization **Employer identification number** POPULATION CONNECTION 94-1703155 PROJECT KIBE'S ACTIVITIES -- MOSTLY VIRTUAL DUE TO THE PANDEMIC-WERE INTENDED TO INVOLVE THEIR CONSTITUENTS IN STRETCHERS' EDUCATIONAL PROGRAMS. ACTIVITIES INCLUDED PUBLICIZING THE PROJECT THROUGH OUTREACH; HOLDING CELEBRATIONS OF WOMEN'S EMPOWERMENT LIKE INTERNATIONAL WOMEN'S DAY AND DAY OF THE AFRICAN CHILD, ETC. FURTHER, STRETCHERS RAISED ISSUES THROUGH THE MAJOR SOCIAL MEDIA PLATFORMS. ONE OF THE ORGANIZATION'S YOUNG ACTIVISTS DID A LIVE BROADCAST ABOUT TEENAGE

DESPITE COVID-19 PREVENTING MOST IN-PERSON PROGRAMS, STRETCHERS MET ITS 202 GOALS. THE GROUP REACHED 773 (251 MALES/522 FEMALES) ADOLESCENT AND YOUNG PEOPLE. THROUGH COMMUNITY YOUTH VILLAGES, COMMUNITY DIALOGUE, INTERNATIONAL DAYS, GATHERINGS, AND EVENTS, THEY LEARNED TO ADVOCATE FOR SRHR.

EXPENSES \$ 265,786. INCLUDING GRANTS OF \$ 28,207. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

PREGNANCY ON KBC-TV (KENYA BROADCASTING COMPANY).

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE PRESIDENT AND BOARD MEMBERS. A COPY OF THE FINAL 990 WAS GIVEN TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

POPULATION CONNECTION MONITORS AND ENFORCES COMPLIANCE OF A WRITTEN CONFLICT OF INTEREST POLICY WITH ITS BOARD OF DIRECTORS AND STAFF MEMBERS. DIRECTORS AND STAFF ARE REQUIRED TO PERIODICALLY DISCLOSE CONFLICTS, SHOULD THEY ARISE.

IF A CONFLICT ARISES, IT IS BROUGHT IMMEDIATELY TO THE ATTENTION OF BOTH 032212 11-20-20

40101 1

PARTICIPATE IN THE VOTE.

Name of the organization

POPULATION CONNECTION

THE CHAIR AND THE PRESIDENT. IF THE BOARD IS TO TAKE ACTION IN SUCH A

SITUATION, THE PERSON HAVING A CONFLICT DOES NOT PARTICIPATE IN THE FINAL

DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION AND,

AFTER PROVIDING ALL RELEVANT INFORMATION REGARDING THE MATTER, RETIRES FROM

THE PROCEEDINGS AND ROOM IN WHICH THE BOARD IS MEETING AND DOES NOT

WHEN THERE IS DOUBT AS TO WHETHER A CONFLICT EXISTS, SUCH MATTER IS

RESOLVED BY THE BOARD IN AN OFFICIAL VOTE, EXCLUDING FROM THE VOTE THE

PERSON WHO MAY HAVE A CONFLICT. THE BOARD SEEKS SUCH OUTSIDE COUNSEL OR

LEGAL ADVICE AS IT DEEMS NECESSARY IN ORDER TO BETTER ENABLE IT TO MAKE A

DECISION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPARABLE DATA WAS USED BY THE BOARD TO DETERMINE THE CEO'S SALARY.

SIMILAR ORGANIZATIONS WERE EXAMINED TO ASCERTAIN COMPARABLE LEVELS OF

COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. THE BOARD DETERMINES THE

COMPENSATION OF THE CEO AND THE DECISION IS DOCUMENTED. THE LAST

COMPENSATION REVIEW TOOK PLACE IN OCTOBER 2019.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MN,MS,NH,NM,NJ,NY,NC,OR,PA,RI,SC,TN,UT,VA

WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

POPULATION CONNECTION	94-1703155
FORM 990, PART X, LINE 24:	
ON APRIL 17, 2020, POPULATION CONNECTION RECEIVED LOAN PR	OCEEDS IN THE
AMOUNT OF \$765,700 UNDER THE PAYCHECK PROTECTION PROGRAM.	THE
PROMISSORY NOTE CALLS FOR MONTHLY PRINCIPAL AND INTEREST	PAYMENTS
AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEF	ERRAL OF
PAYMENTS FOR THE FIRST SIX MONTHS. UNDER THE CORONAVIRUS	AID, RELIEF,
AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOT	E MAY BE
FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION IN WHOLE OR	IN PART.
POPULATION CONNECTION INTENDS TO USE THE PROCEEDS FOR PUR	POSES
CONSISTENT WITH THE PAYCHECK PROTECTION PROGRAM AND BELIE	VES THAT ITS
USE OF THE LOAN PROCEEDS WILL MEET THE CONDITIONS FOR FOR	GIVENESS OF
THE LOAN. POPULATION CONNECTION INTENDS TO APPLY FOR FORG	IVENESS AFTER
COMPLETING THE 24-WEEK PERIOD. IF FORGIVENESS IS GRANTED,	POPULATION
CONNECTION WILL RECORD REVENUE FROM DEBT EXTINGUISHMENTS	DURING THE
PERIOD THAT FORGIVENESS IS APPROVED.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

POPULATION CONNECTION Employer identification number 94-1703155

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco		(e) /ear assets	ets Direct con entit		3
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34,	pecause it had	one or more	e related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charistatus (if sect 501(c)(3))	· 1	entity		g) 512(b)(13) rolled iity?
POPULATION CONNECTION ACTION FUND - 46-3083014, 2120 L STREET NW, #500,	EDUCATES & ADVOCATES PROGRESSIVE ACTION TO				POPUL#	ATION	Yes	NO
WASHINGTON, DC 20037 POPULATION CONNECTION ACTION FUND PAC -	STABILIZE THE HUMAN	DISTRICT OF COLUMBIA	501(C)(4)	N/A	CONNEC POPUL <i>A</i>		X	
61-1739943, 2120 L STREET NW, #500, WASHINGTON, DC 20037	ORGANIZES SUPPORT FOR POLITICAL CANDIDATES	DISTRICT OF COLUMBIA	527	N/A		CTION ACTION	x	
								1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

arı ili	Identification of Related Orgorganizations treated as a pair		ership. Complete if t	the organization answe	ered "Yes" on Forr	m 990, Part IV, line	34, becaus	e it had one or moi	re related	ţ
										_

(a)	(b)	(c)	(d)	(e)	(g)	(g) (h		(h) (i)		(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	gal Direct controlling Predominant income (related, unrelated, income income)			Share of Diagrapartianeta			(j) Genera manag partne	orPercentage	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo
											<u> </u>

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	entity?	
		country)		,				Yes	No	
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Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions		_				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х	
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)						Х
i Exchange of assets with related organization(s)							
j Lease of facilities, equipment, or other assets to related organization(s)							Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organ				11		Х
	Performance of services or membership or fundraising solicitations by related organ						Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q	X	
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	his line, including covered relat	ionships and transaction thresholds.			
	(a)	(b)	(c)	(d)	volvod		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) POPULATION CONNECTION ACTION FUND	A	1,105.	BOOK VALUE
(2) POPULATION CONNECTION ACTION FUND	В	2,000,000.	BOOK VALUE
(3) POPULATION CONNECTION ACTION FUND	D	116,564.	BOOK VALUE
(4) POPULATION CONNECTION ACTION FUND	N	162,245.	BOOK VALUE
(5) POPULATION CONNECTION ACTION FUND	0	932,519.	BOOK VALUE
(6) POPULATION CONNECTION ACTION FUND	Q	1,000,000.	BOOK VALUE

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ŀ	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispri	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentago
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownership
		Country)	Sections 5 (2-5 (4)	Yes N	o Income	assets	Yes	No	(F01111 1065)	Yes I	10
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032165 10-28-20 Schedule R (Form 990) 2020